2004 FOR PROFIT CORPORATION ANNUAL REPORT

1VISION OF CORPORATION. 9/23/2004-90002-029-\$150.00-\$150.00 **DOCUMENT # P03000097006** 04 OCT 11 PM 1:45 1. Entity Name H-CLEER AUTO ELECTRIC INC. Principal Place of Business Mailing Address 116 SE 4 ST APT 29 116 SE 4 ST APT 29 HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 3. Mailing Address 2. Principal Place of Business 99112004 Suite, Apt. #, etc. Suite, Apt, #, etc. Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 692 120-0203 Not Applicable \$8.75 Additional Zip Country 7in Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLEER, HENRY. Street Address (P.O. Box Number is Not Acceptable) 116 SE 4 ST APT 29 HALLANDALE BEACH, FL 33009 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. CATE (NOTE: Registered Agent signature required when rematating) Signeture, typed or printed name of registered agent and title if applicable In accordance with \$. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \$5.00 May Be FILE NOW!! FEE IS \$150.00. 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN.11 OFFICERS AND DIRECTORS AND DIRECTORS 11.280 D. 05. gand of □ Deiete inte of elect . The seme tend area area. THE STATE OF THE S יייל יין: זיין CLEER, HENRY NAME " STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 116 SE 4 ST APT 29 CITY-ST-ZIP HALLANDALE BEACH, FL 33009 ☐ Change ☐ Addition Delete TITLE TITLE SMITH, LUIS R NAME. NAME STREET ADDRESS STREET ADDRESS 116 SE 4 ST APT 29 CITY-ST-ZIP HALLANDALE BEACH, FL 33009 CITY-ST-ZIP ☐ Снапов ☐ Addition TITLE ☐ Delete TITLE NUME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Addition Change Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Deleta TITLE NAME NAME AVATIONATE ENTREM TANK STREET ADDRESS STREET ADDRESS 110 DE 1 DT APT 19 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of together empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if :ಎಸ**ು**ಗಿ ಪ್ರಚಿತ್ರಕ್ಕ