2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State
04-25-2005 90283 022 ***150.00

DOCUMENT # P03000106004

1. Entity Name
C.L.A.C. INC.

Principal Place of Business	Mailing Address
11858 SW 97 TERR MIAMI, FL 33186	11858 SW 97 TERR MIAMI, FL 33186

660188bb

04112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9840 S.W. 148 Terrace	9840 S.W. 148 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, FL
Zip: 33176 Country:	Zip: 33176 Country:

4. FEI Number: 77-0632492 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANZA, CARLOS 11858 SW 97 TERR MIAMI, FL 33186	Name: Street Address (P.O. Box Number is Not Acceptable): 9840 S.W. 148 Terrace City: Miami FL Zip Code: 33176

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANZA, CARLOS 11858 SW 97 TERR MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9840 S.W. 148 Terrace Miami, Fl 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANZA, TERESITA 11858 SW 97 TERR MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9840 S.W. 148 Terrace Miami, Fl 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x [signature] x 5/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #