## **2004 FOR PROFIT CORPORATION**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

anod.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 03, 2004 8:00 am **ANNUAL REPORT (AR) Secretary of State** DOCUMENT # P03060127496 1. Entity Name 03-03-2004 90012 032 \*\*\*150.00 CLEVER, INK. CORPORATION Principal Place of Business Mailing Address 280-KNUTH ROAD 200 KNUTH ROAD SUITE 118 **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address 717 Mahater Bay Drive Suite, Apt. #, etc. 717 Manatec Bay Drive Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State Beach, FL Beach FL 86-1079343 Boynton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33435 33435 Fee Required ALD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALPERT, JASON-Street Address (P.O. Box Number is Not Acceptable) 200 KNUTH ROAD **SUITE 118 BOYNTON BEACH FL 33436** City Zip Code 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. 2.24.04 SIGNATURE (NOTE: Registered Agent signature required when reinstating) re, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE ☐ Addition TITLE WALPERT, JARROD S WALPERT, JARROD S NAME NAME 717 Manatec Bay 200 KNUTH ROAD, SUITE 118 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** Boynton Beach CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

561 - 739 -9594

Daytime Phone #