


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90070 030 ***150.00

DOCUMENT # P04000055917	
1. Entity Name CLEAR TITLE OF SOUTH FLORIDA, INC.	

Principal Place of Business 11401 SW 40TH STREET SUITE 334 MIAMI FL 33165	Mailing Address 11401 SW 40TH STREET SUITE 334 MIAMI FL 33165
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50018022



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 9290 SW 72 St	3. Mailing Address 9290 SW 72 St
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103

City & State MIAMI FLA	City & State MIAMI FL
Zip 33173	Zip 33173
Country DADE	Country DADE

4. FEI Number 20-0941230	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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LORENZO, CLARA 6440 NW 114TH AVENUE #434 MIAMI FL 33178
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Name CLARA E. LORENZO
Street Address (P.O. Box Number is Not Acceptable) 8042 NW 114 PL.
City DORAL
State FL
Zip Code 33178

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  (NOTE: Registered Agent signature required when reinstating) DATE **2-16-05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE 8042 NW 114 PL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LORENZO, CLARA		NAME DORAL, FL. 33178	
STREET ADDRESS 6440 NW 114TH AVENUE, UNIT 434			
CITY-ST-ZIP MIAMI FL 33178			
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SED, CLARA		NAME	
STREET ADDRESS 432 SW 88TH PLACE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33174		CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEREZ, ANA E		NAME	
STREET ADDRESS 11015 SW 138TH COURT		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33186		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **2-16-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #