

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90054 032 ***150.00

DOCUMENT # P04000083839	
1. Entity Name	
Clinique 300, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 300 W. Sunrise Boulevard, Suite No.9 Suite, Apt. #, etc.	3. Mailing Address 3146 NW 68 Street Suite, Apt. #, etc. Suite No.1
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City & State Ft. Lauderdale, FL	City & State Fort Lauderdale, Florida
Zip 33311	Country USA
Zip 33309-1206	Country USA

4. FEI Number 65-0167934	Applied For Not Applicable
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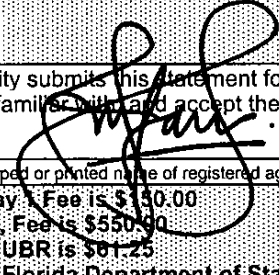
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Joseph Fanfan, Jr., MD	
Street Address (P.O. Box Number is Not Acceptable) 300 Sunrise Boulevard, Suite No.9	
City Fort Lauderdale	Zip Code 33311

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  **Joseph Fanfan, Jr., MD** **1/28/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

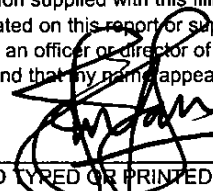
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson Joseph Fanfan, Jr., MD 300 Sunrise Blvd., Ste. No.9 Fort Lauderdale, Florida 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec.VP/Corporate Secretary/Director Ketyne L. Fanfan 300 Sunrise Blvd., Ste. No.9 Fort Lauderdale, Florida 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio member Clifton H. Rodriguez, CPA 300 Sunrise Blvd., Ste. No.9 Fort Lauderdale, Florida 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**


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

SIGNATURE:  **Joseph Fanfan, Jr., MD** **1/28/2005** **(954)525-4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

2005 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40008819

DOCUMENT # P04000083839 1. Entity Name CLINIQUE 300, INC.					
Principal Place of Business C/O CLIFTON H. RODRIGUEZ, CPA, PA 3146 N.W. 68TH STREET FT. LAUDERDALE, FL 33309				Mailing Address C/O CLIFTON H. RODRIGUEZ, CPA, PA 3146 N.W. 68TH STREET FT. LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01242005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FANFAN, JOSEPH DR. 300 SUNRISE BLVD., SUITE #9 FT. LAUDERDALE, FL 33311			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANFAN, JOSEPH JR MD		NAME		
STREET ADDRESS	300 SUNRISE BLVD. STE. #9		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANFAN, JOSEPH JR MD		NAME		
STREET ADDRESS	300 SUNRISE BLVD. STE. #9		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANFAN, KETLYNE L		NAME		
STREET ADDRESS	300 SUNRISE BLVD. STE. #9		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, CLIFTON H CPA		NAME		
STREET ADDRESS	3146 NW 68 STREET		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					