

**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

40008819

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
---	--

DO NOT WRITE IN THIS SPACE

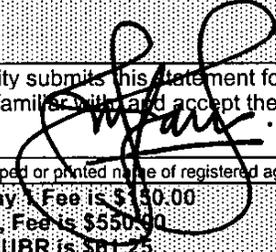
City & State Ft. Lauderdale, FL	City & State Fort Lauderdale, Florida	4. FEI Number 65-0167934	Applied For Not Applicable
Zip 33311	Country USA	Zip 33309-1206	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**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	FL	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 Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------------

10. OFFICERS AND DIRECTORS

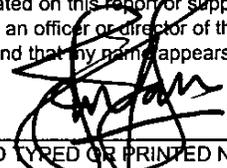
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson Joseph Fanfan, Jr., MD 300 Sunrise Blvd., Ste. No.9 Fort Lauderdale, Florida 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec.VP/Corporate Secretary/Director Ketyne L. Fanfan 300 Sunrise Blvd., Ste. No.9 Fort Lauderdale, Florida 33311
TITLE 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	

**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	
2. Principal Place of Business		3. Mailing Address C/O CLIFTON H. RODRIGUEZ, CPA, PA 3146 N.W. 68TH STREET FT. LAUDERDALE, FL 33309	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FANFAN, JOSEPH DR. 300 SUNRISE BLVD., SUITE #9 FT. LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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: _____		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	