

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092343

Entity Name: CLAPAT CORPORATION

FILED  
Sep 06, 2005  
Secretary of State

## Current Principal Place of Business:

690 NE 123 STREET  
SUITE # 104  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

7125 NW 186 ST  
SUITE # 410  
MIAMI, FL 33015

## Current Mailing Address:

690 NE 123 STREET  
SUITE # 104  
NORTH MIAMI, FL 33161

## New Mailing Address:

7125 NW 186 ST  
SUITE # 410  
MIAMI, FL 33015

FEI Number: 20-1254224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

QUINTERO, MILTON F  
20634 NE 9TH COURT  
MIAMI, FL 33179 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CASTANO, CLAUDIA P  
Address: 690 NE 123 STREET # 104  
City-St-Zip: NORTH MIAMI, FL 33161

Title: VP ( ) Delete  
Name: CAMELO, GLADYS  
Address: 3186 NW 95 STREET  
City-St-Zip: MIAMI, FL 33147

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CORTES, CLAUDIA P  
Address: 7125 NW 186 ST # 410  
City-St-Zip: MIAMI, FL 33015

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CORTES CLAUDIA

P

09/06/2005

Electronic Signature of Signing Officer or Director

Date