

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000112279

Entity Name: C.L. INTRACOM, INC.

**FILED**  
**Jan 18, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

3261 NW 82ND AVE  
MIAMI, FL 33122 US

**New Principal Place of Business:**

**Current Mailing Address:**

3261 NW 82ND AVE  
MIAMI, FL 33122 US

**New Mailing Address:**

9103 SW 78TH PLACE  
MIAMI, FL 33156 US

FEI Number: 20-1454017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LECLERC, CHRISTOPHE  
9103 SW 78 PLACE  
MIAMI, FL 33156 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LECLERC, CHRISTOPHE  
Address: 9103 SW 78 PLACE  
City-St-Zip: MIAMI, FL 33156 US

Title: VP ( ) Delete  
Name: LECLERC, ARLETTE  
Address: 9103 SW 78 PLACE  
City-St-Zip: MIAMI, FL 33156 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRISTOPHE LECLERC

D

01/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date