

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90064 012 ***150.00

DOCUMENT # P04000130559

1. Entity Name
CLAP CLOTHING COMPANY, INC.



40101000

Principal Place of Business
4454 N.W. 185 STREET
CAROL CITY, FL 33055

Mailing Address
4454 N.W. 185 STREET
CAROL CITY, FL 33055

2. Principal Place of Business - No P.O. Box #
4454 NW 185 street
Suite, Apt. #, etc.

3. Mailing Address
4454 NW 185 street
Suite, Apt. #, etc.



05022007 Chg-P CR2E034 (12/06)

City & State
MIAMI GARDENS, FL
Zip
33055 Country
U.S.A.

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MIAMI GARDENS, FL
Zip
33055 Country
U.S.A.

4. FEI Number
20-1689287 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HYATT, SEAN G
4454 N.W. 185 STREET
CAROL CITY, FL 33055

7. Name and Address of New Registered Agent

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 **SEAN Hyatt / EO**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

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

10. OFFICERS AND DIRECTORS

TITLE **EO** ☐ Delete
NAME **HYATT, SEAN G**
STREET ADDRESS **4454 N.W. 185 STREET**
CITY-ST-ZIP **CAROL CITY, FL 33055**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained 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 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: **SEAN Hyatt / EO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/07 **(786) 457-6754**
Date Daytime Phone #