

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90136 001 ***300.00

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DOCUMENT # P05000052575 1. Entity Name CLARO GENERAL GROUP, CORP.					
Principal Place of Business 1200 BRICKELL AVE STE 860 MIAMI, FL 33131			Mailing Address 1200 BRICKELL AVE STE 860 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 1911 NW 150 Ave		3. Mailing Address 1911 NW 150 Ave			
Suite, Apt. #, etc. Ste 201		Suite, Apt. #, etc. Ste 201			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL			
Zip 33028		Country USA		Zip 33028	
Country USA		4. FEI Number 20-2672124			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LOPEZ, PETER M ESQ 1200 BRICKELL AVE STE 860 MIAMI, FL 33131					
7. Name and Address of New Registered Agent Name Peter M. Lopez, Esq. Street Address (P.O. Box Number is Not Acceptable) 1911 NW 150 Ave Ste 201 City Pembroke Pines FL Zip Code 33028					
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 2/7/07 DATE <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D CLARO, EVELIO 1855 SW 16 TERRACE MIAMI, FL 33145		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARO, ADALBERTO D 5601 COLLINS AVE #602 MIAMI BEACH, FL 33140		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: Director 2/2/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					