2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
02-11-2008 90051 050 ***150.00

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1. Entity Name
CLEMEN CORPORATION

66004101

01112008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
1642 NIGHT FALL DR CLERMONT, FL 34711	1642 NIGHT FALL DR CLERMONT, FL 34711

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1642 NIGHT FALL DR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT, FL	City & State
Zip: 34711 Country: USA	Zip Country

4. FEI Number: 20-4722671 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAMOS, ORLANDO 201 HUNT ST 321 CLERMONT, FL 34711	Name: LIZETTE RAMOS LEON Street Address (P.O. Box Number is Not Acceptable): 1642 NIGHT FALL DR. City: CLERMONT FL Zip Code: 34711

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: [signature] 02-09-08
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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P RAMOS LEON, LIZZETTE ~~204 HUNT ST APT 321~~ CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lizzette Ramos Leon 1642 NIGHT FALL DR. CLERMONT, FL 34711	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAMOS LEON, LIZZETTE 201 HUNT ST APT 321 CLERMONT, FL 34711	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President (R)	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RAMOS, ARCADIO 201 HUNT ST APT 321 CLERMONT, FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President - Secretary Arcadio Ramos 201 Hunt St Apt 321 Clermont, Fl 34711	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 02-09-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #