

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90044 001 ***450.00

DOCUMENT # P06000016988

1. Entity Name
CLEAR FALLS INC.



Principal Place of Business
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL 33134

Mailing Address
407 LINCOLN ROAD
SUITE 502
MIAMI BEACH, FL 33139

66001136



2. Principal Place of Business - No P.O. Box #

407 LINCOLN RD

Suite, Apt. #, etc.

PH-N

3. Mailing Address

407 LINCOLN RD

Suite, Apt. #, etc.

PH-N

01082008

Chg-P

CR2E034 (12/06)

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

20-8234287

Applied For

Not Applicable

Zip

33139

Country

Zip

33139

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL 33134

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MUNOZ, GONZALO
TWO ALHAMBRA PLAZA, PENTHOUSE 1B
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TV
TORRES, ANGEL
407 LINCOLN ROAD, SUITE 502
MIAMI BEACH, FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASTS
TORRES, ANGEL
407 LINCOLN ROAD, SUITE 502
MIAMI BEACH, FL 33139

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
407 LINCOLN RD PH-N
MIAMI BEACH FL 33139

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TV
TORRES, ANGEL E.
407 LINCOLN RD PH-N

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASTS
TORRES, ANGEL E.
407 LINCOLN RD PH-N

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

ANGEL E. TORRES

2/11/08

(305) 672-0805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display to Secretary