2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90027 021 ***150.00

DOCH	MENT	# PAGA	00116	102	



		CLE CUSTOM PAINT &	t						
Principal Place of Business 17200 N.W. 2ND COURT MIAMI, FL 33169		Mailing Address 17200 N.W. 2ND COU MIAMI, FL 33169	17200 N.W. 2ND COURT			~~~UU			
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03212008	Chg-P	CR2E	034 (12/06)	
City & State		City & State	City & State		4. FEI Numbe 20-5524				plied For Applicable
Zip	Country	Zip .	Count	гу	5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Cu	rrent Registered Agent		Name	7. Name and	Address of New F	Registered	Agent	
NOEII IO	SEDH K			Name					
NOFIL, JOSEPH K 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319				Street Address (P.O. Box Number is Not Acceptable)					
			-	City				Zip Cod	
							Fl	-	
	named entity submits this statem ions of registered agent.	ent for the purpose of changing it	s registere	d office or register	ed agent, or both	n, in the State of Fl	lorida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered	d agent and little if applicable. (NO	TE: Registered	Agent signature required	when reinstating)		DATE		
FIL After M	E-NOW!!! FEE IS \$150.0 ay 1, 2008 Fee will be \$5	9. Election Camp 550.00 Trust Fund Cor	aign Finand htribution.	sing . \$5.	.00 May Be ed to Fees			, <u>.</u> .	- 12.
10.	OFFICERS	AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
TITLE	PTD	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	RAMPERSAD, MUKESH 17200 N.W. 2ND COURT MIAMI, FL 33169			T ADORESS ST-ZIP				~	
TITLE	VSD	☐ Delete	TITLE	J. 211				[] Channa	☐ Addition
NAME	PERSAD, SHAMILA	□ Oelele	NAME	İ				☐ Change	Addition
STREET ADDRESS	17200 N.W. 2ND COURT			T ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33169		CITY-	ST-ZIP					
TITLE		☐ Dalate	.TITLE		_			☐ Change	Addition
NAME			NAME	1					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE		□ Delete	TITLE	31-211		<u>.</u>	-	☐ Change	- Addition
NAME		□ Delete	NAME					L Change	☐ Addition
STREET ADDRESS			STREE	T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TiTLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET APPRICES	•		NAME	l l					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE		Delete	TITLE		- <u> </u>	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
· NAME · ·			NAME	l l	•			5161,98	C FOOTING
STREET ADDRESS		■ q+fe+		T ADDRESS	1 4				
CITY-ST-ZIP	i		■ CITY-	ST-ZIP					

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.

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Make C Jane Same of Signing Officer or Director Mahel

04-01-08

Daytime Phone #