

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90336 004 ***150.00

DOCUMENT # P92000000385

1. Entity Name
C L CLAIMSWATCH, INC.



Principal Place of Business
**3501 UNIVERSITY DR
201
CORAL SPGS, FL 33065 US**

Mailing Address
**3501 UNIVERSITY DR
201
CORAL SPGS, FL 33065 US**

14000847

2. Principal Place of Business
**10211 W Sample Rd
Suite, Apt. #, etc. 110
City & State Coral Springs, FL
Zip 33065 Country USA**

3. Mailing Address
**10211 W Sample Rd
Suite, Apt. #, etc. 110
City & State Coral Springs, FL
Zip 33065 Country USA**



04032004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0365701

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DEPASQUALE, CINDEE
3501 UNIVERSITY DR
STE 201
CORAL SPRGS, FL 33065**
Cindee De Pasquale

7. Name and Address of New Registered Agent
Name **DEPASQUALE CINDEE**
Street Address (P.O. Box Number is Not Acceptable) **10211 W Sample Rd Ste 110**
City **Coral Springs** FL Zip Code **33065**

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 *Cindee De Pasquale* **Cindee De Pasquale** 4/2/04
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, 2004 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	DP DEPASQUALE, CINDEE 3501 UNIVERSITY DR #201 CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP De Pasquale, Cindee 10211 W Sample Rd Ste 110 Coral Springs FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Kirshner, Loretta 10211 W Sample Rd Ste 110 Coral Springs FL 33065 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cindee De Pasquale* 4/2/04 (954) 341-2183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #