

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91094 001 *1,050.00

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04112004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000057135 1. Entity Name CLM OF SOUTH FLORIDA, INC.					
Principal Place of Business 2812 NW 35 STREET MIAMI, FL 33142 US			Mailing Address 2812 NW 35 STREET MIAMI, FL 33142 US		
2. Principal Place of Business <i>18090 Collins Ave</i> Suite, Apt. #, etc. <i>TIS</i>		3. Mailing Address <i>18090 Collins</i> Suite, Apt. #, etc. <i>TIS</i>		4. FEI Number 65-0515854 Applied For <input type="checkbox"/> Not Applicable	
City & State <i>NMB FL.</i>		City & State <i>NMB FL.</i>			
Zip <i>33160</i> Country <i>USA</i>		Zip <i>33160</i> Country <i>USA</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
6. Name and Address of Current Registered Agent PALINSKY, ILYA 2812 NW 35TH ST MIAMI, FL 33142					
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PALINSKY, ILYA 2812 NW 35 ST MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>18090 Collins Ave</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>TIS NMB FL. 33160</i>	
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	
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 fees empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/15/04</i> <small>Date Daytime Phone #</small>		