

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90204 012 \*\*\*150.00

**DOCUMENT # P95000040582**

1. Entity Name  
**C L FINANCIAL SERVICES INTERNATIONAL  
CORPORATION**



Principal Place of Business  
% 2200 CORPORATE BLVD., NW, STE. 401  
BOCA RATON, FL 33431

Mailing Address  
% 2200 CORPORATE BLVD., NW, STE. 401  
BOCA RATON, FL 33431



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0751806</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HCRM CORP.  
2200 CORPORATE BLVD., NW, STE. 401  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CHTD
NAME	DUPREY, LAWRENCE A.
STREET ADDRESS	% 2200 CORPORATE BLVD., NW, STE. 401
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	PSD
NAME	COOK, JOSEPH R.
STREET ADDRESS	2200 CORPORATE BLVD NW STE 401
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	CEO
NAME	DUPREY, LAWRENCE A
STREET ADDRESS	C/O 2200 CORPORATE BLVD., NW, STE 401
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Joseph R. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.04

Date

562.997.9223

Daytime Phone #