

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000053794**

1. Entity Name  
**CLAS-CLIP, INC.**



Principal Place of Business  
**2705 HIATUS RD  
COOPER CITY, FL 33026 US**

Mailing Address  
**2705 HIATUS RD  
COOPER CITY, FL 33026 US**



01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0586822** Applied For  
Not Applicable

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

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

**SMITH, ELIZABETH  
2261 BUTTONWOOD AVE  
PEMBROKE PINES, FL 33026**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME **BROWN, DONNA S**  
STREET ADDRESS **2351 PECAN CT**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE VD  
NAME **SMITH, ELIZABETH L**  
STREET ADDRESS **2261 BETTONWOOD AVE**  
CITY-ST-ZIP **PEMBROKE PINES, FL**

TITLE  
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STREET ADDRESS  
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01/29/05-80002-016 150.00

**DO NOT WRITE  
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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: *Elizabeth Smith* *Elizabeth Smith* 1-26-05 954-430-4223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #