

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000087235

1. Entity Name
CLOVERDALE ENTERPRISES, INC.



Principal Place of Business
**8855 INDIAN RIVER RUN
BOYNTON BEACH, FL**

Mailing Address
**8855 INDIAN RIVER RUN
BOYNTON BEACH, FL**



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0773978

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOVALSKY, LISA ESQ.
12255 SW 114 TERRACE
MIAMI, FL 33186**

**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, 2006 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 EISENBERG, ROBERT
STREET ADDRESS 8855 INDIAN RIVER RUN ROAD
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE STD
NAME EISENBERG, ELAINE
STREET ADDRESS 8855 INDIAN RIVER RUN ROAD
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE
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STREET ADDRESS
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U00000386198
01/18/06-80047-025 150.00

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IN THIS SPACE**

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.

SIGNATURE: **ROBERT EISENBERG** 1/19/06 561-968-4394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #