


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-17-2007 90050 030 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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
DO NOT WRITE IN THIS SPACE		
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 remitting) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EISENBERG, ROBERT 8855 INDIAN RIVER RUN ROAD BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD EISENBERG, ELAINE 8855 INDIAN RIVER RUN ROAD BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>Robert Eisenberg</u> ROBERT EISENBERG <u>April 30 2007</u> <u>561-731-0029</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		