


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P97000014322 1. Entity Name CLEARVIEW COMMUNICATIONS, INC.	
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Principal Place of Business 12855 S.W. 136 AVENUE #204 MIAMI, FL 33186	Mailing Address PO BOX 832831 MIAMI, FL 33283-2831
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0747383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ, ROSS 3262 SOUTHWEST 139TH PLACE MIAMI, FL 33175-6765	DO NOT WRITE IN THIS SPACE
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FERNANDEZ, ROSS 12855 S.W. 136 AVE #204 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FERNANDEZ, DAISY B 12855 S.W. 136 AVE #204 MIAMI, FL 33186
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**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: *Ross Fernandez* (ROSS FERNANDEZ) **01/10/05** (786) 298-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #