## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000084096

Entity Name: CLICK INTERCONNECT, INC.

FILED Apr 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

18455 MIRAMAR PARKWAY 18331 PINES BLVD

#126 108

MIRAMAR, FL 33029 PEMBROKE PINES, FL 33029

**Current Mailing Address: New Mailing Address:** 

18455 MIRAMAR PARKWAY 18331 PINES BLVD

108 #126

MIRAMAR, FL 33029 PEMBROKE PINES, FL 33029

FEI Number: 65-0787512 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LIEBSTER, ERNESTO LIEBSTER, ERNESTO 18455 MIRAMAR PARKWAY 18331 PINES BLVD #126 108

MIRAMAR, FL 33029 US PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: ERNESTO LIEBSTER 04/18/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

LIEBSTER, ERNESTO LIEBSTER, ERNESTO Name: Name: 18455 MIRAMAR PARKWAY, #126 18331 PINES BLVD, #108 Address: Address: City-St-Zip: MIRAMAR, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

Title: TSDC Title: **TSDC** () Delete (X) Change ( ) Addition

GALE, JOHN Name: Name: GALE, JOHN

18455 MIRAMAR PARKWAY, #126 Address: 18331 PINES BLVD, #108 Address: City-St-Zip: MIRAMAR, FL 33029 PEMBROKE PINES, FL 33029 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNESTO LIEBSTER PD 04/18/2009