

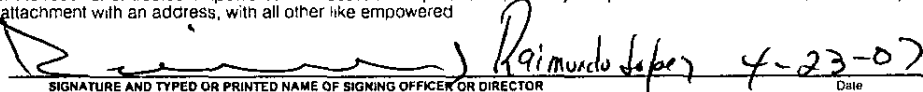


FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000001597				Apr 27, 2007 08:00 Secretary of State	
1. Entity Name CLAMARCO CORPORATION					
Principal Place of Business 8220 GRAND CANAL DR MIAMI, FL 33144 US		Mailing Address 8220 GRAND CANAL DR MIAMI, FL 33144 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 65-0891152	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOPEZ, RAIMUNDO 8220 GRAND CANAL DRIVE MIAMI, FL 33144				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME LOPEZ, RAIMUNDO STREET ADDRESS 8220 GRAND CANAL DRIVE CITY-ST-ZIP MIAMI, FL 33144			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS U00000736775 CITY-ST-ZIP 05/11/07-80001-014 150.00		
TITLE <input type="checkbox"/> Delete NAME MARIN LOPEZ, LIDIA STREET ADDRESS 8220 GRAND CANAL DR CITY-ST-ZIP MIAMI, FL 33144			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME S LOPEZ, SILVESTER STREET ADDRESS 222 SW 80 AVE CITY-ST-ZIP MIAMI, FL 33174			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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:  Raimundo Lopez 4-23-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					