


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P98000036734 |  |
| 1. Entity Name CLAVON SALES & TRANSPORT, INC. | |

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| Principal Place of Business 1173 NW 44TH AVE. LAUDERHILL, FL 33313-6619 | Mailing Address 1173 NW 44TH AVE. LAUDERHILL, FL 33313-6619 |
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DO NOT WRITE IN THIS SPACE



03212006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0883407 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CLAVON, DAVID 1173 NW 44TH AVE. LAUDERHILL, FL 33313-6619 |
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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 signatures required when reappointing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OP CLAVON, DAVID 1173 NW 44TH AVE FORT LAUDERDALE, FL 333138819 |
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04/27/06-80094-019 150.00

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: David Clavon **DAVID CLAVON** 4/11/06 954-300-4484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 6