

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90082 003 \*\*\*150.00

DOCUMENT # P98000105420 -  
 1. Entity Name  
 CLAIRE JANE AMERENA, P.A.



Principal Place of Business  
 442 WARREN LANE  
 KEY BISCAIYNE, FL 33149 US

Mailing Address  
 260 CRANDON BLVD  
 SUITE 32  
 KEY BISCAIYNE, FL 33149 US



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 260, CRANDON BLVD,  
 SUITE 32, PMB 255,  
 City & State  
 KEY BISCAIYNE FL  
 Zip  
 33149  
 Country  
 USA

01162004 Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0883974

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when venturing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AMERENA, CLAIRE 260 CRANDON BLVD SUITE 32 KEY BISCAIYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: *Claire Amerena* 1/17/04 305-361-9478  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*