

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105420

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

**Entity Name:** CLAIRE JANE AMERENA, P.A.

**Current Principal Place of Business:**

2699 TIGERTAIL AVE  
APT 51  
MIAMI, FL 33133 US

**New Principal Place of Business:**

736 WOODCREST RD  
KEY BISCAYNE, FL 33149 US

**Current Mailing Address:**

2699 TIGERTAIL AVE  
APT 51  
MIAMI, FL 33133 US

**New Mailing Address:**

736 WOODCREST RD  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 65-0883974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: CLAIRE, AMERENA  
Address: 736 WOODCREST RD  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: CLAIRE AMERENA

PRES

02/21/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date