


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000064077 1. Entity Name DON CLARKE ENTERPRISES, INC.	
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Principal Place of Business 1641 N 71 TERRACE HOLLYWOOD, FL 33024	Mailing Address 1641 N 71 TERRACE HOLLYWOOD, FL 33024
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DO NOT WRITE IN THIS SPACE



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0935277	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRANT, CAROL L 2260 NW 183 ST MIAMI, FL 33056	DO NOT WRITE IN THIS SPACE
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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 signature required when restate) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, DONALD F 395 NW 154 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, HELGA 395 NE 154 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, DONALD JR 395 NE 154 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARKE, DWIGHT O 395 NE 154 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARKE, SIMONE 395 NE 154 ST MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/27/07-80001-001 158.75

DO NOT WRITE IN THIS SPACE

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: *Matthew Harris* 3/12/07 954-962-0990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #