


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000064077**

1. Entity Name  
**DON CLARKE ENTERPRISES, INC.**



Principal Place of Business <b>1641 N 71 TERRACE HOLLYWOOD, FL 33024</b>	Mailing Address <b>1641 N 71 TERRACE HOLLYWOOD, FL 33024</b>
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**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**GRANT, CAROL L  
2260 NW 183 ST  
MIAMI, FL 33056**

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IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U00000939858  
05/28/08-80044-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARKE, DONALD F
STREET ADDRESS	395 NW 154 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	D
NAME	CLARKE, HELGA
STREET ADDRESS	395 NE 154 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	D
NAME	CLARKE, DONALD JR
STREET ADDRESS	395 NE 154 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	VP
NAME	CLARKE, DWIGHT O
STREET ADDRESS	395 NE 154 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	VP
NAME	CLARKE, SIMONE
STREET ADDRESS	395 NE 154 ST
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** Donald Clarke 4/29/08

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