

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # S11675

1. Entity Name
CLOVER DEVELOPMENT STRATEGIES, INC.



Principal Place of Business
**2677 S. OCEAN BLVD
4C
BOCA RATON, FL 33432 US**

Mailing Address
**2677 S. OCEAN BLVD.
4C
BOCA RATON, FL 33432 US**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0228530

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**APELIAN, CLOVER
2677 S. OCEAN BLVD, STE. 4-C
BOCA RATON, FL 33432**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

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**

10. OFFICERS AND DIRECTORS

TITLE: **D**
NAME: **APELIAN, CLOVER**
STREET ADDRESS: **2677 S OCEAN BLVD. #4C**
CITY-ST-ZIP: **BOCA RATON, FL**

TITLE: **PTS**
NAME: **APELIAN, CLOVER**
STREET ADDRESS: **2677 S OCEAN BLVD. 4C**
CITY-ST-ZIP: **BOCA RATON, FL**

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U00000810320
02/08/08-80060-008 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-30-08

954-429-8900