

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S77325

FILED
Apr 16, 2009
Secretary of State

Entity Name: NORTH AMERICAN CLUTCH EXPORT COMPANY

Current Principal Place of Business:

13150 NW 45 AVENUE
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 802708
AVENTURA, FL 332802708

New Mailing Address:

FEI Number: 65-0281959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARD GARCIA, INC.
6163 MIAMI LAKES DRIVE E
MIAMI LAKES, FL 33014 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: P () Delete
Name: KIBLISKY, ANTHONY
Address: 13150 NW 45 AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: D () Delete
Name: ASSOR, ENRIQUE M D
Address: 13150 NW 45 AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Delete
Name: ASSOR, MIGUEL F D
Address: 13150 NW 45 AVENUE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ASSOR, ENRIQUE M D
Address: 13150 NW 45 AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: ST (X) Change () Addition
Name: ASSOR, MIGUEL F D
Address: 13150 NW 45 AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ENRIQUE ASSOR

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date