


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90316 020 \*\*\*150.00

<b>DOCUMENT # V40267</b> 1. Entity Name CLARA'S CONVENIENCE STORE, INC.	
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Principal Place of Business 50 WEST MOWRY SUITE 4 HOMESTEAD, FL 33030	Mailing Address P. O. BOX 900204 HOMESTEAD, FL 33090 US
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94030001

**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0338227	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CHAVARRIA, ROGER M 50 WEST MOWRY SUITE 4 HOMESTEAD, FL 33030	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

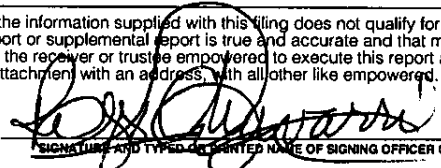
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAVARRIA, ROGER 15923 SW 303 TER HOMESTEAD, FL 33030
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **ROGER CHAVARRIA** 04/08/04 (305) 245-7547

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