


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90073 008 ***158.75

DOCUMENT # V67107	
1. Entity Name CLAVE Y SON INC.	

Principal Place of Business 8034 SW 133RD CT. MIAMI, FL 33183	Mailing Address 8034 SW 133RD CT. MIAMI, FL 33183
---	---

300006633

2. Principal Place of Business PO Box 527325	3. Mailing Address PO Box 527325
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01272005 Chg-P CR2E034 (10/03)

City & State MIAMI FLORIDA	City & State MIAMI FLORIDA	4. FEI Number 65-0361334	Applied For <input type="checkbox"/> Not Applicable
Zip 33152	Country USA	Zip 33152	Country USA
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent HERRERIA, MANUEL A. 8034 SW 133RD CT. MIAMI, FL 33183		7. Name and Address of New Registered Agent Name JOSE C. HERRERIA Street Address (P.O. Box Number is Not Acceptable) 6969 COLLINS AVE # 1108 City MIAMI BEACH FL Zip Code 33141	
---	--	--	--

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 JOSE C. HERRERIA - PRESIDENT DATE 1-27-05

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRERIA, MANUEL A. 8034 SW 133RD CT. MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P JOSE C HERRERIA 6969 COLLINS AVE # 1108 MIAMI BEACH FL 33141 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRERIA, JOSE 8034 S W 133RD CT MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERREIRA, JOSE 8034 S W 133RD CT MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOSE C. HERRERIA DATE 1-27-05 DAYTIME PHONE # 305-247-8564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR