

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017249

**FILED
Jun 17, 2008
Secretary of State**

Entity Name: C. L. CONSULTING AND SERVICES CORP.

Current Principal Place of Business:

11367 SW 111 COURT RD
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

11367 SW 111 COURT RD
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 20-8402280 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARDOZO, GUIDO
11367 SW 111 COURT RD
MIAMI, FL 33176 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARDOZO, GUIDO
Address: 11367 SW 111 COURT RD
City-St-Zip: MIAMI, FL 33176 US

Title: VP () Delete
Name: LAMON, MAYRA
Address: 11367 SW 111 COURT RD
City-St-Zip: MIAMI, FL 33176 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GUIDO CARDOZO

P

06/17/2008

Electronic Signature of Signing Officer or Director

_____ Date