

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000020226

**Entity Name:** CLARKE PROTECTIVE SERVICES, INC.

**Current Principal Place of Business:**

1900 SW 22ND STREET  
UNIT# 201  
MIAMI, FL 33145

**Current Mailing Address:**

C/O ALLAN CLARKE  
PO BOX 11453  
MIAMI, FL 33101

**FEI Number:** 35-2325326

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLARKE, ALLAN  
C/O ALLAN CLARKE  
PO BOX 11453  
MIAMI, FL 33101 US

*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

**Officer/Director Detail :**

Title P  
Name CLARKE, ALLAN  
Address C/O ALLAN CLARKE  
PO BOX 11453  
City-State-Zip: MIAMI FL 33101

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALLAN CLARKE

**PRESIDENT**

**01/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date