
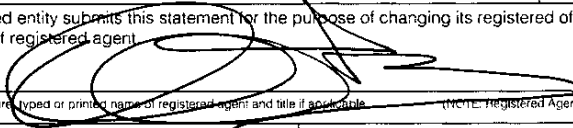
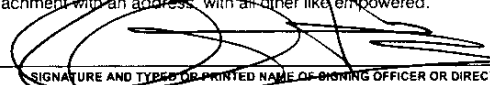


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 MAR 12 PM 2: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010747 1. Entity Name 321 CLAIR/DOT ENTERPRISES, INC.					
Principal Place of Business 321 WEST SUNRISE BLVD FT. LAUDERDALE, FL 33311		Mailing Address 321 WEST SUNRISE BLVD FT. LAUDERDALE, FL 33311			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0468869 65-0729784	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUTSTEIN, GEORGE J ESQ #501-20801 BISCAYNE BLVD AVENTURA, FL FL331-80				7. Name and Address of New Registered Agent Name John F. Hotte, Esq. Street Address (P.O. Box Number is Not Acceptable) 6550 N. Federal Highway - Suite 220 City Fort Lauderdale FL Zip Code 33308	
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  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3/6/2007	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		300093245493 03/16/07--01004--018 **61.25	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERNICE, CLAIRE C 321 WEST SUNRISE BLVD FT. LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/A/D Michael J. Horne 321 W. sunrise Boulevard Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERNICE, FRANCA R 321 WEST SUNRISE BLVD FT. LAUDERDALE, FL 33311	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 3/6/2007	



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