


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90307 006 \*\*\*150.00

**DOCUMENT # P97000010747**

1. Entity Name  
 321 CLAIR/DOT ENTERPRISES, INC.



Principal Place of Business      Mailing Address  
 321 WEST SUNRISE BLVD      321 WEST SUNRISE BLVD  
 FT. LAUDERDALE, FL 33311      FT. LAUDERDALE, FL 33311


**14012817**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04212004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0468869      Not Applicable

5. Certificate of Status Desired            \$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

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PERNICE, CLAIRE C	
STREET ADDRESS	321 WEST SUNRISE BLVD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERNICE, FRANCA R	
STREET ADDRESS	321 WEST SUNRISE BLVD	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUTMAN, DOROTHY	
STREET ADDRESS	20281-E-COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X *Clare Perin*      Date: 4-26-04      Daytime Phone #: 9545239818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR