

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90371 040 ***150.00

DOCUMENT # P03000128039			
1. Entity Name ADVANCED DEVELOPERS, INC.			
Principal Place of Business 701 SE HOLLAHAN AVENUE PORT ST. LUCIE, FL 34983-2743		Mailing Address 701 SE HOLLAHAN AVENUE PORT ST. LUCIE, FL 34983-2743	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 05-0592793		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTO, RAUL ALVARO 701 SE HOLLAHAN AVENUE PORT ST. LUCIE, FL 34983-2743		7. Name and Address of New Registered Agent Name: COTO, MARTA Street Address (P.O. Box Number is Not Acceptable): 701 SE HOLLAHAN AVE City: PORT ST. LUCIE FL 34983	
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: <i>Marta Coto</i> DATE: 4-2-2008			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	VPD COTO, MARTA 701 SE HOLLAHAN PORT SAINT LUCIE, FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD COTO, MARTA 701 SE HOLLAHAN AVE PORT ST. LUCIE, FL 34983 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AVP COTO, ALEJANDRO 701 SE HOLLAHAN AVE. PORT SAINT LUCIE, FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: <i>Marta Coto</i>		4-2-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	