

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000071322

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** ECLERIS INTERNATIONAL INC

**Current Principal Place of Business:**

55 N.E. 5TH AVE., STE 501  
BOCA RATON, FL 33432

**New Principal Place of Business:**

55 N.E. 5TH AVENUE  
501  
BOCA RATON, FL 33432

**Current Mailing Address:**

55 N.E. 5TH AVE., STE 501  
BOCA RATON, FL 33432

**New Mailing Address:**

55 N.E. 5TH AVENUE  
501  
BOCA RATON, FL 33432

**FEI Number:** 65-1196299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONIQUE TRONCONE CPA PA  
55 N.E. 5TH AVE., STE 501  
BOCA RATON, FL 33432 US

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

MONIQUE TRONCONE CPA PA  
55 N.E. 5TH AVENUE  
501  
BOCA RATON, FL 33432 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: MONIQUE TRONCONE

04/02/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILLIAMS, MARCOS M  
Address: 8333 NW 66 STREET  
City-St-Zip: MIAMI, FL 33166

Title: D  
Name: CASALI, HENRY E  
Address: 8333 NW 66 STREET  
City-St-Zip: MIAMI, FL 33166

Title: D  
Name: ARGERICH, MIGUEL A  
Address: 8333 NW 66 STREET  
City-St-Zip: MIAMI, FL 33166

Title: D  
Name: RASI SANCHEZ, DORIS I  
Address: 7928 NW 66 STREET  
City-St-Zip: N MIAMI, FL 33166

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: HENRY CASALI

D

04/02/2012

Electronic Signature of Signing Officer or Director

Date