

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90167 024 ***150.00

DOCUMENT # 538355

1. Entity Name
ECLECTIC DEVELOPERS, INC.



Principal Place of Business

3484 MAIN HIGHWAY
MIAMI, FL 33131 US

Mailing Address

780 NW LEJEUNE RD
#427
MIAMI, FL 33126

2. Principal Place of Business

3. Mailing Address

782 N.W. Lejeune Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

437

City & State

City & State
Miami, FL 33126

Zip

Country

Zip

33126

Country

USA

04302004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1769281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PENTON, SERGIO R
780 NW LEJEUNE RD
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name

Penton, Sergio R.

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

782 NW Lejeune Rd #437

City

Miami

FL

Zip Code

33126

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(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 S ☐ Delete
NAME COMAS, ALFREDO J
STREET ADDRESS 6060 SW 120 STREET
CITY-ST-ZIP MIAMI, FL 33156

TITLE PD ☐ Delete
NAME COMAS, ARTURO
STREET ADDRESS 6060 SW 120 STREET
CITY-ST-ZIP MIAMI, FL 33156

TITLE VP ☐ Delete
NAME PENTON, SERGIO R
STREET ADDRESS 780 NW LEJEUNE RD
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

Sergio R. Penton

04/30/04

(305) 448-1362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #