

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 538355

FILED
Apr 05, 2009
Secretary of State

Entity Name: ECLECTIC DEVELOPERS, INC.

Current Principal Place of Business:

3484 MAIN HIGHWAY
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

782 NW LEJEUNE RD
#437
MIAMI, FL 33126

New Mailing Address:

782 NW LEJEUNE RD
#437
MIAMI, FL 33126 US

FEI Number: 59-1769281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA ANNUAL REPORT SERVICES, INC
2300 CORAL WAY
STE 200
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: COMAS, ALFREDO J
Address: 6060 SW 120 STREET
City-St-Zip: MIAMI, FL 33156

Title: PD () Delete
Name: COMAS, ARTURO
Address: 6060 SW 120 STREET
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: PENTON, SERGIO R
Address: 780 NW LEJEUNE RD
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: COMAS, ALFREDO J
Address: 6060 SW 120 STREET
City-St-Zip: MIAMI, FL 33156 US

Title: PD (X) Change () Addition
Name: COMAS, ARTURO
Address: 6060 SW 120 STREET
City-St-Zip: MIAMI, FL 33156 US

Title: VP (X) Change () Addition
Name: PENTON, SERGIO R
Address: 780 NW LEJEUNE RD
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARTURO COMAS

P

04/05/2009

Electronic Signature of Signing Officer or Director

Date