

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90006 010 ***150.00

DOCUMENT # P02000101820

1. Entity Name

ETERNAL TECHNOLOGIES, INC.



Principal Place of Business

8130 GLADES ROAD
#379
BOCA RATON FL 33434
US

Mailing Address

P O BOX 5032
FORT LAUDERDALE FL 33310
US

34036141



MOORE CR2E034 (11/03)

2. Principal Place of Business

6365 Taff St

Suite, Apt. #, etc.
Suite 3004

City & State
Hollywood, FL

Zip
33024

Country
Broward

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

54-2074943

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, AVILIO
1791 SW 116 WAY
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name Avilio Rodriguez

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

6365 Taff St Suite 3004

City Hollywood

FL

Zip Code 33024

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)

5/26/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	RODRIGUEZ, AVILIO	
STREET ADDRESS	1791 SW 116 WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	PE A, ARGELYS	
STREET ADDRESS	7501 SHERIDAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
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	Director/Partner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Avilio Rodriguez	
STREET ADDRESS	6365 Taff St #3004	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	Director/Partner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Argelys Pena	
STREET ADDRESS	6365 Taff St #3004	
CITY-ST-ZIP	Hollywood, FL 33024	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/04

Date

(954) 894-9891

Daytime Phone #