

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90014 004 ***150.00

DOCUMENT # P03000068021 1. Entity Name ECLERIS INTERNATIONAL, INC.					
Principal Place of Business 8333 NW 66 ST. MIAMI, FL 33166			Mailing Address 8333 NW 66 ST. MIAMI, FL 33166		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ORTIZ, ADRIANA 6708 NW 82 AVE MIAMI, FL 33166			Name Adriana Ortiz Street Address (P.O. Box Number is Not Acceptable) 8333 NW 66 Street City Miami FL 33166		
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, typed or printed name of registered agent and title if applicable			(305) 436-3120 DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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-STATE-ZIP	D WILLIAMS, MARCOS M 6708 NW 82 AVE MIAMI, FL 33166	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Ledesma Williams, Marcos M. 8333 NW 66 Street Miami FL 33166
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CASALI, HENRY E 6708 NW 82 AVE MIAMI, FL 33166	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Sand Casali, Henry E 8333 NW 66 Street Miami FL 33166
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ARGERICH, MIGUEL A 6708 NW 82 AVE MIAMI, FL 33166	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Jacove Argerich, Miguel A. 8333 NW 66 Street Miami FL 33166
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: Adriana Ortiz 3/29/05 (305) 436-3120 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					