2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P03000068021

Entity Name: ECLERIS INTERNATIONAL, INC.

Current Principal Place of Business:

7926 NW 66TH ST.
MIAMI, FL 33166 US

New Principal Place of Business:

55 N.E. 5TH AVENUE
SUITE 501
BOCA RATON, FL 334324093 US

Current Mailing Address:

55 N.E. 5TH AVENUE
SUITE 501
BOCA RATON, FL 334325500 US

New Mailing Address:

55 N.E. 5TH AVENUE
SUITE 501
BOCA RATON, FL 334324093 US

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 P.A.
55 NE 5TH AVENUE
SUITE 501
BOCA RATON, FL 334325500 US

Name and Address of New Registered Agent:

MONIQUE TRONCONE, CPA P.A.
55 NE 5TH AVENUE
SUITE 501
BOCA RATON, FL 334324093 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, CPA 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Delete
Name: RASI SANCHEZ, DORIS I
Address: 7928 NW 66 ST
City-St-Zip: N MIAMI, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HENRY E CASALI D 04/20/2009
Electronic Signature of Signing Officer or Director Date