

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90128 001 ***450.00

DOCUMENT # P05000082702

1. Entity Name
ALTERRA DEVELOPERS GROUP, INC.



Principal Place of Business
**1250 EAST HALLANDALE BEACH BLVD.
GROUND FLOOR EAST
HALLANDALE, FL 33009**

Mailing Address
**1250 EAST HALLANDALE BEACH BLVD.
GROUND FLOOR EAST
HALLANDALE, FL 33009**

66001028



2. Principal Place of Business

3. Mailing Address

1145 OYSTERWOOD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006

Chg-P

CR2E034 (11/05)

City & State

City & State

HOLLYWOOD FL

4. FEI Number

20-3050332

Applied For

Not Applicable

Zip

Country

Zip

33019

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOLNICK, BRAM LELAND
1909 TYLER STREET
SUITE 301
HOLLYWOOD, FL 33020**

Name

BRAM LELAND SCOLNICK

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

1145 OYSTERWOOD ST

City

HOLLYWOOD

FL

Zip Code

33019

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-ST-ZIP
**D
SCOLNICK, BRAM LELAND
1909 TYLER STREET, SUITE 301
HOLLYWOOD, FL 33020** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BRAM LELAND SCOLNICK ☒ Change ☐ Addition
**1145 OYSTERWOOD ST
HOLLYWOOD FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCOLNICK, KARIN
1909 TYLER STREET, SUITE 301
HOLLYWOOD, FL 33020** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KARIN SCOLNICK ☒ Change ☐ Addition
**1145 OYSTERWOOD ST
HOLLYWOOD FL 33019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 person 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/06

Date

**305 778
8499**

Daytime Phone #