

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # S05785

1. Entity Name
ECLIPSE DESIGNS, INC.



Principal Place of Business
**328 CRANDON BLVD
215-B
KEY BISCAYNE FL 33149**

Mailing Address
**328 CRANDON BLVD
215-B
KEY BISCAYNE FL 33149**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0246198** Applied For
Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BEFELER, GEORGE
80 SW 8TH STREET
SUITE #3100
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May
Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BASAGOITIA, CELINA 8870 S.W. 154 TERR. MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add 000000419951 02/15/06-80027-006 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHARTOUNI, RHONA 800 LAKE RD MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Celina Basagoitia **CELINA BASAGOITIA** 1126106 (305) 365-77