

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000060263

FILED  
Jul 07, 2008  
Secretary of State

Entity Name: 1ST RESPONSE RESTORATION GROUP, INC.

**Current Principal Place of Business:**

13004 S.W. 113 COURT  
MIAMI, FL 33176

**New Principal Place of Business:**

14361 SW 159 TERRACE  
MIAMI, FL 33176

**Current Mailing Address:**

14361 SW 159 TERRACE  
MIAMI, FL 33177

**New Mailing Address:**

14361 SW 159 TERRACE  
MIAMI, FL 33176

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVA, WILLARD P  
14361 SW 159 TERRACE  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SILVA, WILLARD P  
Address: 14361 SW 159 TERRACE  
City-St-Zip: MIAMI, FL 33177

Title: VP ( ) Delete  
Name: KNIGHT, FRANCISCO M  
Address: 2500 NW 13 STREET, APT 216  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WILLARD SILVA

P

07/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date