

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000043029

**Entity Name:** GOT YA RECOVERY SERVICES INC.

**Current Principal Place of Business:**

2390 NW 147 STREET  
OPA LOCKA, FL 33054

**Current Mailing Address:**

20302 SW 321 STREET  
HOMESTEAD, FL 33030

**FEI Number:** 27-2450785

**Certificate of Status Desired:** No

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

DE LA ROSA, ALBERT  
2390 NW 147 STREET  
OPA LOCKA, FL 33054 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title M  
Name DE LA ROSA, ALBERTO  
Address 2390 NW 147 STREET  
City-State-Zip: OPA LOCKA FL 33054

Title SECRETARY  
Name CONDE, JEANETTE  
Address 20302 SW 321 STREET  
City-State-Zip: HOMESTEAD FL 33030

*I hereby 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 all other like empowered.*

**SIGNATURE:** JEANETTE CONDE

**SECRETARY**

**11/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date