

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000027490

**Entity Name:** FULLTIME RESTORATION INC.

**Current Principal Place of Business:**

14565 SW 95 LN  
MIAMI, FL 33186

**Current Mailing Address:**

14565 SW 95 LN  
MIAMI, FL 33186

**FEI Number: 47-3515970**

**Certificate of Status Desired: No**

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

POVEDA, MARIA  
14565 SW 95 LN  
MIAMI, FL, FL 33186 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 P.  
Name POVEDA, MARIA  
Address 14565 SW 95 LANE  
City-State-Zip: MIAMI FL 33186

*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: MARIA POVEDA**

**PRESIDENT**

**04/21/2016**

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

\_\_\_\_\_ Date