

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000050100

**Entity Name:** VOG E EMERGENCY & RESTORATION FLORIDA INC

**Current Principal Place of Business:**

5041 S STATE RD 7  
UNIT 407  
DAVIE, FL 33314

**Current Mailing Address:**

5041 S STATE RD 7  
UNIT 407  
DAVIE, FL 33314 US

**FEI Number:** 93-2305853

**Certificate of Status Desired:** No

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

AVRAM, LIOR  
2230 N 55TH AVE  
HOLLYWOOD, FL 33021 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	PTD	Title	SVD
Name	AVRAM, LIOR	Name	AMAR, NOAM
Address	2230 N 55TH AVE	Address	2230 N. 55TH AVE
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33021

*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:** LIOR AVRAM

**PRESIDENT**

**02/08/2024**

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

\_\_\_\_\_  
Date