

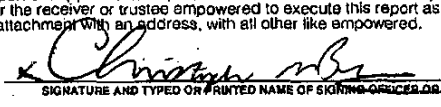
JAN-28-2005-FRI 04:20 PM FIRST PERFORMANCE CO

FAX No. 954

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90050 002 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F98000004923			
1. Entity Name FIRST PERFORMANCE RECOVERY CORP.			
Principal Place of Business SUITE 200 4901 NW 17TH WAY FORT LAUDERDALE, FL 33309		Mailing Address SUITE 200 4901 NW 17TH WAY FORT LAUDERDALE, FL 33309	
2. Principal Place of Business 4901 NW 17 way Suite Apt. #, etc. 201		3. Mailing Address 4901 NW 17 way Suite Apt. #, etc. 201	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33309		Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'SHEA, JOSEPH 574 EVERDELL AVE WEST ISLIP, NY 11795 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOCH, RANDI 11877 NW 55 ST CORAL SPRINGS, FL 33076 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KANE, MAX 32 COW LANE GREAT NECK, NY 11024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MICHAEL, JOHN 111 STILLWATER AVENUE MASSAPEQUA, NY 11758 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSV KONTONGINNIS, LISA 12 WOODFIELD LANE OLD BROOKVILLE, NY 11545 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OC BERTMAN, CHRIS 32 MAPLE AVENUE KINGS PARK, NY 11754 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		Date _____ Daytime Phone # _____	

40011298



01252005 Chg-P CR2E034 (10/03)

Christopher Bertman 1-28-05

800-777-8535
Ext 25151