

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74864

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: RECOVERY STORE INCORPORATED

**Current Principal Place of Business:**

3300 UNIVERSITY DR  
#225  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 NE 167ST 2ND FLOOR  
ATTN: SUGERMAN, KAREN  
N MIAMI BEACH, FL 33162 US

**New Mailing Address:**

FEI Number: 59-2335523      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SUGERMAN, KAREN  
801 NE 167TH ST, 2ND FLOOR  
N. MIAMI BEACH, FL 33162 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARBER, LAWRENCE  
Address: 3300 UNIVERSITY DRIVE SUITE #225  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: RA ( ) Delete  
Name: SUGERMAN, KAREN  
Address: 801 NE 167TH ST 2ND FL  
City-St-Zip: N.MIAMI BEACH, FL 33162

**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 for the exemption stated in Section 119.07(3)(i), 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: KAREN SUGERMAN, AS PR EST LAWRENCE FARBER PD

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

04/27/2005

\_\_\_\_\_ Date