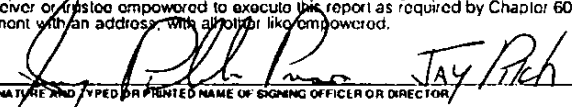


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90059 045 ***150.00

DOCUMENT # H73736 1. Entity Name SOUTH FLORIDA RESTORATION, INC.					
Principal Place of Business SOUTH FLORIDA RESORATION, INC. 12865 W DIXIE HIGHWAY NORTH MIAMI FL 33161			Mailing Address SOUTH FLORIDA RESORATION, INC. 12865 W DIXIE HIGHWAY NORTH MIAMI FL 33161		
2. Principal Place of Business - No P.O. Box # 12865 W. DIXIE HWY		3. Mailing Address 12865 W. DIXIE HWY			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NORTH MIAMI, FLORIDA		City & State NORTH MIAMI FLORIDA		4. FEI Number 59-2673986 ☐ Applied For ☒ Not Applicable	
Zip 33161	Country USA	Zip 33161	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PILCH, JAY 12945 ORTEGA LANE NORTH MIAMI BEACH FL 33181				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 _____ Signature, typed or printed name of registered agent and state is applicable (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 PS	☐ Delete			☐ Change ☐ Addition	
NAME PILCH, JAY					
STREET ADDRESS 12945 ORTEGA LN					
CITY ST ZIP NORTH MIAMI FL 33181					
TITLE 	☐ Delete			☐ Change ☐ Addition	
NAME 					
STREET ADDRESS 					
CITY ST ZIP 					
TITLE 	☐ Delete			☐ Change ☐ Addition	
NAME 					
STREET ADDRESS 					
CITY ST ZIP 					
TITLE 	☐ Delete			☐ Change ☐ Addition	
NAME 					
STREET ADDRESS 					
CITY ST ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 1-24-07 Daytime Phone # 305-651-9660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					