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	Mailing Address
SOUTH FLORIDA RESORATION, INC. 12865 W DIXIE HIGHWAY NORTH MIAMI FL 33161	SOUTH FLORIDA RESORATION, INC. 12865 W DIXIE HIGHWAY NORTH MIAMI FL 33161

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12865 W. DIXIE HWY	12865 W. DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI, FLORIDA	City & State: NORTH MIAMI FLORIDA
Zip: 33161 Country: USA	Zip: 33161 Country: USA

4. FEI Number 59-2673986 ☐ Applied For ☐ Not Applicable

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS PILCH, JAY 12945 ORTEGA LN NORTH MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] JAY Pilch 1-24-07 305-651-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #