

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H82267

FILED  
Jan 10, 2012  
Secretary of State

Entity Name: JAY'S RESTORATION PLUS, INC.

**Current Principal Place of Business:**

C/O JAY M. FAUST  
1844 N. NOB HILL ROAD  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

JAY'S RESTORATION PLUS C/O JAY M. FAUST  
1844 N. NOB HILL ROAD SUITE 282  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number: 59-2613977

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAUST, SHELLEY  
11650 NW 37TH PL  
SUNRISE, FL 33323 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FAUST, JAY M.  
Address: 11650 N.W. 37TH PL  
City-St-Zip: SUNRISE, FL 33323

Title: VP  
Name: FAUST, SHELLEY  
Address: 11650 NW 37TH PL  
City-St-Zip: SUNRISE, FL 33323

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: SHELLEY FAUST

VP

01/10/2012

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

\_\_\_\_\_  
Date