

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90276 034 \*\*\*150.00

<b>DOCUMENT # L48936</b>					
<b>1. Entity Name</b> RESTEC OF SOUTH FLORIDA, INC.					
<b>Principal Place of Business</b> 2144 JOHNSON STREET 2314 HAYES ST. HOLLYWOOD, FL 33020 US			<b>Mailing Address</b> 2144 JOHNSON STREET 2314 HAYES ST. HOLLYWOOD, FL 33020 US		
<b>2. Principal Place of Business</b> 2144 Johnson St		<b>3. Mailing Address</b> SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Hollywood, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0169945	
<b>Zip</b> 33020		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01082004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b>  CHAVIANO, CELESTINO 2144 JOHNSON STREET HOLLYWOOD, FL 33020				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> VS	<b>NAME</b> CHAVIANO, CELESTINO		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 2144 JOHNSON ST	<b>CITY-ST-ZIP</b> HOLLYWOOD, FL		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> PT	<b>NAME</b> MARRERO, GUSTAVO		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 2144 JOHNSON ST	<b>CITY-ST-ZIP</b> HOLLYWOOD, FL		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <i>Gustavo Marrero</i>			<b>4-12-04 954-923-3677</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		