

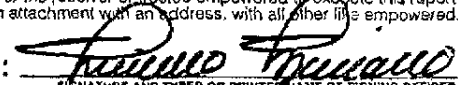


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L48936 1. Entity Name RESTEC OF SOUTH FLORIDA, INC.		
Principal Place of Business 2144 JOHNSON STREET HOLLYWOOD, FL 33020 US	Mailing Address 2144 JOHNSON STREET HOLLYWOOD, FL 33020 US	
DO NOT WRITE IN THIS SPACE		 02102006 No Chg-P CR2E034 (11/05)
		4. FEI Number: 65-0169945 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHAVIANO, CELESTINO 2144 JOHNSON STREET HOLLYWOOD, FL 33020		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UB00000436739 02/28/06-80012-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CHAVIANO, CELESTINO 2144 JOHNSON ST HOLLYWOOD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MARRERO, GUSTAVO 2144 JOHNSON ST HOLLYWOOD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 Chapter 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 filers empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-16-06 954-923-3677 Date Daytime Phone #