

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003064

FILED
Apr 27, 2009
Secretary of State

Entity Name: R. E. S. T. INTERNATIONAL, INC.

Current Principal Place of Business:

1381 N PALM AVE
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

1381 N PALM AVE
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 20-0046868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAYE, SILVERA
1381 N PALM AVE
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

FAYE, SILVERA DR
1381 N PALM AVE
PEMBROKE PINES, FL 33026 US

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: DR FAYE SILVERA

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILVERA, FAYE M
Address: 1381 N PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: JOHNSTON, SOPHIA
Address: 1381 N PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ST () Delete
Name: HARRIS, WINDY
Address: 1381 N PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SILVERA, FAYE M DR
Address: 1381 N PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Change () Addition
Name: JOHNSTON, KEITH
Address: 1381 N PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ST (X) Change () Addition
Name: DRUMMOND, SHEILA
Address: 1381 N PALM AVE
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR FAYE SILVERA

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date