

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003368

FILED
Apr 20, 2005
Secretary of State

Entity Name: HOUSE OF RESTORATION, INC.

Current Principal Place of Business:

3240 FAIRHAVEN AVENUE
KISSIMMEE, FL 34746 US

New Principal Place of Business:

540 N 66 PLACE
HOLLYWOOD, FL 33024 US

Current Mailing Address:

P.O. BOX 421586
KISSIMMEE, FL 34742 US

New Mailing Address:

540 N 66 PLACE
HOLLYWOOD, FL 33024 US

FEI Number: 56-2356741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, GREGORIA
3240 FAIRHAVEN AVENUE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

DIAZ, GREGORIA
540 N 66 PLACE
HOLLYWOOD, FL 33024 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: GREGORIA DIAZ

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIAZ, GREGORIA
Address: 3240 FAIRHAVEN AVENUE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VD () Delete
Name: CURET COLON, ESTHER M
Address: 3240 FAIRHAVEN AVENUE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: SD () Delete
Name: PRIETO, ESTHER
Address: 3240 FAIRHAVEN AVENUE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: TD (X) Delete
Name: DIAZ, GLORIA E
Address: 3240 FAIRHAVEN AVENUE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VD (X) Delete
Name: PRIETO, LUIS S
Address: 3240 FAIRHAVEN AVENUE
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIAZ, GREGORIA
Address: 540 N 66 PLACE
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: VD (X) Change () Addition
Name: SOTOMAYOR, GLORIA E
Address: PO BOX 677
City-St-Zip: TOA BAJA, PR 00951 PR

Title: S/TD (X) Change () Addition
Name: PRIETO, LUIS S
Address: 817 RAVENS CIRCLE #104
City-St-Zip: ALTA MONTE, FL 32714 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORIA DIAZ

PD

04/20/2005

Electronic Signature of Signing Officer or Director

Date