2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008865

Name:

Address:

City-St-Zip:

Entity Name: S&PRESTORATION, INC.

FILED Jun 24, 2009 Secretary of State

Entity Na	me: S&PRESTORATION, INC.			
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	44TH STREET			
B217 LAUDERH	HLL, FL 33319			
Current Mailing Address:		New Maili	New Mailing Address:	
5550 NW	44TH STREET			
B217 LAUDERH	IILL, FL 33319			
FEI Number	: 80-0267857 FEI Number Applied For () FEI	Number Not App		
	ce with s. 607.193(2)(b), F.S., the corporation did not recei I Address of Current Registered Agent:		e. Address of New Registered Agent:	
5550 NW - B217	S, PIERRE G 44TH STREET HILL, FL 33319 US			
	named entity submits this statement for the purpose of Florida.	se of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete FRANCOIS, PIERRE G 5550 NW 44TH STREET, #B217 LAUDERHILL, FL 33319	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete HYPOLITE, SELIMAH 5550 NW 44TH STREET, #B217 LAUDERHILL, FL 33319	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MEM () Change (X) Addition JOSEPH, RONEL 12881 NW 75TH ST PARK LAND, FL 33076	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MEM () Change (X) Addition ALLONCE, ROUSSELIN 2021 NW 69TH TER. MARGATE, FL 33063	
Title:	() Delete	Title:	MEM () Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

FRANCOIS, MIRLANDE 22615 SW 66TH AVE

BOCA RATON, FL 33428

SIGNATURE: FRANCOIS PIERRE P 06/24/2009