

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011191

FILED  
Mar 23, 2008  
Secretary of State

Entity Name: ALL RESTORATION SERVICES INC.

## Current Principal Place of Business:

4849 NE 11 AVE  
OAKLAND PARK, FL 33334

## New Principal Place of Business:

## Current Mailing Address:

4849 NE 11 AVE  
OAKLAND PARK, FL 33334

## New Mailing Address:

FEI Number: 52-2313582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KODSY, SHERIF  
4849 NE 11 AVENUE  
OAKLAND PARK, FL 33334      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KODSY, SHERIF  
Address: 4849 NE 11 AVENUE  
City-St-Zip: OAKLAND PARK, FL 33334

Title: D ( ) Delete  
Name: KODSY, ESTHER  
Address: 23840 MORITZ  
City-St-Zip: OAK PARK, MI 48237

Title: O (X) Delete  
Name: MACIAL, NEULER  
Address: 4849 NE 11 AVE  
City-St-Zip: OAKLAND PARK, FL 33334

Title: O (X) Delete  
Name: ALVARADO, TONY  
Address: 4849 NE 11 AVENUE  
City-St-Zip: OAKLAND PARK, FL 33334

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KODSY, SHERIF R  
Address: 4849 NE 11 AVENUE  
City-St-Zip: OAKLAND PARK, FL 33334

Title: O (X) Change ( ) Addition  
Name: KODSY, ESTHER  
Address: 4849 NE 11 AVENUE  
City-St-Zip: OAKLAND PARK, FL 33334

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERIF R KODSY

D

03/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date