

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000006523

FILED
Feb 20, 2004
Secretary of State

Entity Name: RENOVATION SERVICES OF FLORIDA INC.

Current Principal Place of Business:

3500 BLUE LAKE DR., APT C-401
POMPANO BEACH, FL 33064

New Principal Place of Business:

3590 BLUE LAKE DRIVE
A-503
POMPANO BEACH, FL 33064

Current Mailing Address:

3500 BLUE LAKE DR., APT C-401
POMPANO BEACH, FL 33064

New Mailing Address:

3590 BLUE LAKE DRIVE
A-503
POMPANO BEACH, FL 33064

FEI Number: 45-0463958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMEC, ALES
3500 BLUE LAKE DR., APT C-401
POMPANO BEACH, FL 33064

Name and Address of New Registered Agent:

NEMEC, ALES
3590 BLUE LAKE DRIVE
A-503
POMPANO BEACH, FL 33064

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: ALES NEMEC

02/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERNICOVA, EVA
Address: 3500 BLUE LAKE DR., APT C-401
City-St-Zip: POMPANO BEACH, FL 33064

Title: VM () Delete
Name: NEMEC, ALES
Address: 3500 BLUE LAKE DR., APT C-401
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERNICOVA, EVA
Address: 3590 BLUE LAKE DRIVE, A-503
City-St-Zip: POMPANO BEACH, FL 33064

Title: VM (X) Change () Addition
Name: NEMEC, ALES
Address: 3590 BLUE LAKE DRIVE, A-503
City-St-Zip: POMPANO BEACH, FL 33064

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

SIGNATURE: PERNICOVA EVA

PD

02/20/2004

Electronic Signature of Signing Officer or Director

Date