

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000088709

FILED
Feb 09, 2004
Secretary of State

Entity Name: RENOVATIVE SPECIALIST INC.

Current Principal Place of Business:

5280 NE 19TH AVE
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

5280 NE. 19TH AVE
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 55-0801013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIREDA, CHARLES
5280 NE. 19TH AVE
FORT LAUDERDALE, FL 33308 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: PD () Delete
Name: GALLO, MARCO P
Address: 13234 ST. TROPEZ CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33414 US

Title: VD () Delete
Name: DIREDA, CHARLES
Address: 5280 NE. 19TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: S () Delete
Name: GALLO, MAURA F
Address: 13234 ST. TROPEZ CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33414 US

Title: T () Delete
Name: DIREDA, LUCIA P
Address: 5280 NE 19TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

SIGNATURE: CHARLES DIREDA

MR

02/09/2004

Electronic Signature of Signing Officer or Director

Date