

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040057

FILED  
May 01, 2009  
Secretary of State

Entity Name: STATE OF FLORIDA RECOVERY, INC.

## Current Principal Place of Business:

17800 SW 152ND AVE  
MIAMI, FL 33187 US

## New Principal Place of Business:

501 SW 68TH AVE  
MIAMI, FL 33144 US

## Current Mailing Address:

501 SW 68TH AVE  
MIAMI, FL 33144

## New Mailing Address:

501 SW 68TH AVE  
MIAMI, FL 33144 US

FEI Number: 26-3614485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEONCIO, RENE F  
8302 NORTHWEST 103RD STREET  
SUITE # 202  
HIALEAH GARDENS, FL 33016 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: ELPHAGE, KIRK  
Address: 17800 SW 152ND AVE  
City-St-Zip: MIAMI, FL 33187 US

Title: VS (X) Delete  
Name: AGUILERA, MARIANO SR  
Address: 501 SW 68TH AVE  
City-St-Zip: MIAMI, FL 33144 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: AGUILERA, DUNIER  
Address: 501 SW 68TH AVE  
City-St-Zip: MIAMI, FL 33144 US

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: RENE F. LEONCIO

POA

05/01/2009

Electronic Signature of Signing Officer or Director

Date