

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040057

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** STATE OF FLORIDA RECOVERY, INC.

**Current Principal Place of Business:**

501 SW 68TH AVE  
MIAMI, FL 33144 US

**New Principal Place of Business:**

8525 NORTHWEST 53RD TERRACE  
SUITE # 100  
DORAL, FL 33166 US

**Current Mailing Address:**

501 SW 68TH AVE  
MIAMI, FL 33144 US

**New Mailing Address:**

8525 NORTHWEST 53RD TERRACE  
SUITE # 100  
DORAL, FL 33166 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:**

LEONCIO, RENE F  
8302 NORTHWEST 103RD STREET  
SUITE # 106  
HIALEAH GARDENS, FL 33016 US

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: RENE F. LEONCIO

02/10/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: AGUILERA, DUNIER  
Address: 8525 NORTHWEST 53RD TERRACE  
City-St-Zip: DORAL, FL 33166 US

I hereby 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 all other like empowered.

SIGNATURE: DUNIER AGUILERA

PRES

02/10/2010

Electronic Signature of Signing Officer or Director

Date