

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 03, 2010  
Secretary of State**

DOCUMENT# P03000040057

Entity Name: STATE OF FLORIDA RECOVERY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

9100 SOUTH DADELAND BLVD.  
SUITE # 1504  
MIAMI, FL 33156 US

**Current Mailing Address:**

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

**New Mailing Address:**

9100 SOUTH DADELAND BLVD.  
SUITE # 1504  
MIAMI, FL 33156 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 # 106  
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

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: AGUILERA, DUNIER  
Address: 9100 SOUTH DADELAND BLVD, SUITE # 1504  
City-St-Zip: MIAMI, FL 33156 US

Title: VP  
Name: ANGULO, JESSICA  
Address: 9100 SOUTH DADELAND BLVD, SUITE # 1504  
City-St-Zip: MIAMI, FL 33156 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: RENE F. LEONCIO

POA

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date