

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2005 8:00 am
Secretary of State

08-08-2005 90044 017 ***150.00

DOCUMENT # P03000052216 1. Entity Name WATER RESTORATION SERVICES OF FLORIDA, INC.					
Principal Place of Business 281 S. HOLLYBROOK DRIVE BUILDING 50, SUITE #302 PEMBROKE PINES FL 33025			Mailing Address 281 S. HOLLYBROOK DRIVE BUILDING 50, SUITE #302 PEMBROKE PINES FL 33025		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 81-0617978	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, PAUL A 281 S. HOLLYBROOK DRIVE BUILDING 50, SUITE #302 PEMBROKE PINES FL 33025				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				Signature _____ Date _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD SCHWARTZ, PAUL A 281 S. HOLLYBROOK DRIVE SUITE #302 PEMBROKE PINES FL 33025	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

ATTACHMENT

66026955

September 2, 2005.

**Florida Department of State
Divisions of Corporations**

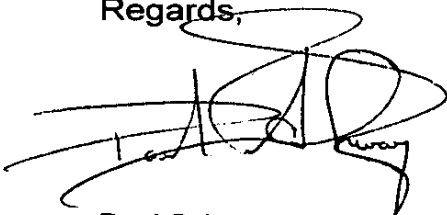
Subject: Water Restoration Services of Florida, Inc.

Reference Number: P03000052216

The following letter is to state the fact that we did not received the paper work to file the profit annual report until the end of July 2005. Please make the necessary adjustments to waive the \$408.75 fee.

If you have any additional questions, please do not hesitate to contact me at (954) 868-7112.

Regards,

A handwritten signature in black ink, appearing to read 'Paul Schwartz', with a large, stylized flourish above it.

Paul Schwartz