

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000075358

1. Entity Name

180 RESTORATION AVENUE, INC.



Principal Place of Business

C/O ACCARDI STANDLEE LLC
2240 WOOLBRIGHT RD # 317
BOYNTON BEACH, FL 33426

Mailing Address

C/O ACCARDI STANDLEE LLC
2240 WOOLBRIGHT RD # 317
BOYNTON BEACH, FL 33426



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0151778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELKIN & ASSOCIATES, P.A.
1489 W. PALMETTO PARK RD., STE. 497
BOCA RATON, FL 33486

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000184014
01/20/05-80011-015 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROSENBERG, WILLIAM
STREET ADDRESS 2240 WOOLBRIGHT RD # 317
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE D
NAME MILLER, STEVE
STREET ADDRESS 1321 NE 27TH TERRACE
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/05 561-289-290