

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080303

FILED  
Feb 08, 2009  
Secretary of State

Entity Name: COLLECTORS RESTORATION SERVICES, INC.

## Current Principal Place of Business:

6047 KIMBERLY BLVD., STE. X  
NORTH LAUDERDALE, FL 33068

## New Principal Place of Business:

61 MAGNOLIA DRIVE  
NEBO, NC 28761

## Current Mailing Address:

6047 KIMBERLY BLVD., STE. X  
NORTH LAUDERDALE, FL 33068

## New Mailing Address:

61 MAGNOLIA DRIVE  
NEBO, NC 28761

FEI Number: 83-0368409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: SPITZ, RICHARD  
Address: 6047 KIMBERLY BLVD., STE. X  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VS ( ) Delete  
Name: SPITZ, MARLENE R  
Address: 6047 KIMBERLY BLVD., STE. X  
City-St-Zip: NORTH LAUDERDALE, FL 33068

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: SPITZ, RICHARD  
Address: 61 MAGNOLIA DRIVE  
City-St-Zip: NEBO, NC 28761

Title: VS (X) Change ( ) Addition  
Name: SPITZ, MARLENE R  
Address: 61 MAGNOLIA DRIVE  
City-St-Zip: NEBO, NC 28761

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: RICHARD SPITZ

PDT

02/08/2009

Electronic Signature of Signing Officer or Director

Date