

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000137423

1. Entity Name
ABC RESTORATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 13 AM 8:00

Principal Place of Business
230 N DIXIE HWY BAY 23
HOLLYWOOD, FL 33020 US

Mailing Address
230 N DIXIE HWY BAY 23
HOLLYWOOD, FL 33020 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07302004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0410867

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, MOSHE
4414 NW 92ND WAY
SUNRISE, FL 33351

Name

Shmuel Ohayon

Street Address (P.O. Box Number is Not Acceptable)

230 N Dixie Hwy, #23

City

Hollywood FL

FL

Zip Code

33020

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]

(NOTE: Registered Agent signature required when reinstating)

7/29/04

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$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
PD
LEVY, MOSHE
4414 NW 82ND WAY
SUNRISE, FL 33351

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500041848135
10/13/04--01028--011 **\$61.25

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Shmuel Ohayon
230 N Dixie Hwy
Hollywood, FL 33020

☐ Change

☒ Addition

TITLE
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CITY-ST-ZIP

☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shmuel Ohayon
President

7/29/04

Date

561-702-6030

Daytime Phone #