

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90019 023 ***150.00

| | | | | | | | |
|---|---------------------------------------|---|---|--|---|--|---|
| DOCUMENT # P04000083673 | | | | | | | |
| 1. Entity Name SIGNATURE RECOVERY INC. | | | | | | | |
| Principal Place of Business 9503 SW 18 TERR MIAMI, FL 33165 | | | Mailing Address 9503 SW 18 TERR MIAMI, FL 33165 | | | | |
| 2. Principal Place of Business - No P.O. Box # 81 EAST 59 ST | | 3. Mailing Address SAME | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State HIALEAH, FL | | City & State | | 4. FEI Number 74-3147700 | | | |
| Zip 33013 | | Country Dade | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent ALFONSO, YOEL 9503 SW 18TH TERR. MIAMI, FL 33165 | | | 7. Name and Address of New Registered Agent Name: RICARDO ALVAREZ JR Street Address (P.O. Box Number is Not Acceptable): 81 EAST 59 ST City: HIALEAH, FL Zip Code: 33013 | | | | |
| 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: | | | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| TITLE PD | NAME ALFONSO, YOEL | | <input checked="" type="checkbox"/> Delete | TITLE PD | NAME RICARDO ALVAREZ JR | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 9503 SW 18 TERR | CITY-ST-ZIP MIAMI, FL 33165 | | | STREET ADDRESS 81 EAST 59 ST | CITY-ST-ZIP HIALEAH, FL 33013 | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE VP | NAME RICARDO ALVAREZ | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | STREET ADDRESS 81 EAST 59 ST | CITY-ST-ZIP HIALEAH, FL 33013 | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | | <input type="checkbox"/> Delete | TITLE | NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | | STREET ADDRESS | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 | | | | | | | |
| Date | | | | | | | |
| Daytime Phone # | | | | | | | |