

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000156709	
1. Entity Name A NEW LOOK RENOVATIONS, INC.	

Principal Place of Business 258 RIVER HILLS DRIVE JACKSONVILLE, FL 32216	Mailing Address 258 RIVER HILLS DRIVE JACKSONVILLE, FL 32216
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01082006 No Chg-P CR2E034 (11/06)

4. FCI Number 59-3788700	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

2. State of Incorporation
FLORIDA

6. Name and Address of Current Registered Agent

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

3. State of Principal Office
FLORIDA

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 must be a separate line (NOTE: Registered Agent signature must be accompanied by date) _____ **DATE** _____

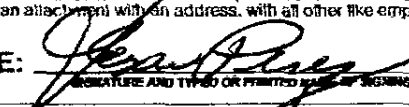
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	1000000491522 04/19/06-80025-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSJD PEREZ, JULIO C 258 RIVER HILLS DRIVE JACKSONVILLE, FL 32216
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. State of Principal Office
FLORIDA

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:  **4/3/06** **904 254-6797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone