

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 APR -2 AM 9:44

CLERK OF STATE
TALLAHASSEE, FLORIDA

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**

2. Principal Place of Business - No P.O. Box #
5935 CLIFTON

3. Mailing Address
P.O. Box 10518

City & State
JACKSONVILLE, FL

Zip
32211

Country
USA

City & State
JACKSONVILLE, FL

Zip
32247

Country
US



03282007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3788700

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent
Name
L.S. LITTLETON
Street Address (P.O. Box Number is Not Acceptable)
6821 CABALLERO CT
City
JACKSONVILLE FL Zip Code
32217

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 **3-28-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PSTD PEREZ, JULIO C 258 RIVER HILLS DRIVE JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PEREZ, JULIO C 5935 CLIFTON JACKSONVILLE FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600096444896 04/11/07--01020--007 **\$61.25
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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: **Julio C. Perez (PRESIDENT)** **3/30/07** **904 254-6797**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

As per telephone conversation with Julio C. Perez on 4/17/07

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