

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90029 042 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000005748

1. Entity Name
HOME DETAILING & RESTORATION SERVICES CORP.



40102809

Principal Place of Business
3605 SOUTH OCEAN BLVD
APT 439
S.PALLM BEACH, FL 33480

Mailing Address
3605 SOUTH OCEAN BLVD
APT 439
S.PALLM BEACH, FL 33480

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042008

Chg-P

CR2E034 (12/06)

4. FEI Number

16-1746626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVASTA, LAURA
3605 SOUTH OCEAN BLVD
APT 439
SOUTH PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KELLER, DAVID
33 CHARLES ST
MERRICK, NY 11566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
SAVASTA, FRANK
3605 SOUTH OCEAN BLVD, APT. 439
S.PALLM BEACH, FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
MARTINEZ, CARLOS F
3605 SOUTH OCEAN BLVD, APT. 439
S PALM BEACH, FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
SAVASTA, LAURA
3605 SOUTH OCEAN BLVD., APT 439
S. PALM BEACH, FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Laura Savasta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08

Date

Daytime Phone #