2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P06000051571

Entity Name: RECOVERY INSTITUTE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

301 SE 10TH COURT
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

301 SE 10TH COURT
FORT LAUDERDALE, FL 33316

New Mailing Address:

P O BOX 1446
POMPANO BEACH, FL 33061

FEI Number: 84-1703525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROCCO, AUGUSTINE
301 SE 10TH COURT
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: CROCCO, AUGUSTINE
Address: 301 SE 10TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUGUSTINE CROCCO CEO 01/08/2008

Electronic Signature of Signing Officer or Director Date