

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073700

FILED
Jul 21, 2007
Secretary of State

Entity Name: REJUVENATIONS ON THE REEF, INC.

Current Principal Place of Business:

14870 SW 152 COURT
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

14870 SW 152 COURT
MIAMI, FL 33196

New Mailing Address:

FEI Number: 20-4952430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HORNE, REBECCA M
14870 SW 152 COURT
MIAMI, FL 33196 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HORNE, REBECCA M
Address: 14870 SW 152 COURT
City-St-Zip: MIAMI, FL 33196

Title: VS () Delete
Name: HORNE, PHILIP J JR.
Address: 14870 SW 152 COURT
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: REBECCA HORNE

PT

07/21/2007

Electronic Signature of Signing Officer or Director

_____ Date