

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000004266

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: RECONSTRUCTION SERVICES OF FLORIDA, INC.

## Current Principal Place of Business:

9337 PONTIAC DRIVE  
TAMPA, FL 336262955

## New Principal Place of Business:

15565 AVALON AVE.  
CLEARWATER, FL 33760

## Current Mailing Address:

9337 PONTIAC DRIVE  
TAMPA, FL 336262955

## New Mailing Address:

15565 AVALON AVE.  
CLEARWATER, FL 33760

FEI Number: 20-8300116

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ISLAS, ANGEL  
1789 RAINBOW BLVD.  
CLEARWATER, FL 33760 US

## Name and Address of New Registered Agent:

ISLAS, ANGEL  
15565 AVALON AVE.  
CLEARWATER, FL 33760 US

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: ANGEL ISLAS

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ISLAS, ANGEL  
Address: 1789 RAINBOW BLVD  
City-St-Zip: CLEARWATER, FL 33760

Title: VP (X) Delete  
Name: ISLAS, MARCOS  
Address: 1789 RAINBOW BLVD  
City-St-Zip: CLEARWATER, FL 33760

Title: VP (X) Delete  
Name: GARCIA, CARLOS  
Address: 1789 RAINBOW BLVD  
City-St-Zip: CLEARWATER, FL 33760

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ISLAS, ANGEL  
Address: 15565 AVALON AVE.  
City-St-Zip: CLEARWATER, FL 33760

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: ANGEL ISLAS

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date