

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000106827

1. Entity Name  
RECOVERY SOLUTIONS OF SOUTH FLORIDA, INC.



Principal Place of Business  
200 NW 17TH CT.  
FT. LAUDERDALE, FL 33311

Mailing Address  
200 NW 17TH CT.  
FT. LAUDERDALE, FL 33311

2. Principal Place of Business - No P.O. Box #  
300 SW 4TH COURT  
Suite, Apt. #, etc.

3. Mailing Address  
6278 N. FEDERAL Hwy  
Suite, Apt. #, etc.  
PMB 392

City & State  
FORT LAUDERDALE FLA  
Zip  
33315  
Country  
USA

City & State  
FORT LAUDERDALE FLA  
Zip  
33308  
Country  
USA

11122008 Chg-P CR2E034 (12/06)

4. FEI Number  
01-0863478  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CROCCO, JULIE  
1975 E SUNRISE BLVD., STE. 100  
FT. LAUDERDALE, FL 33304

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 Julie Crocco DATE 11-12-08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

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  
CEO  
CROCCO, JULIE  
1975 E. SUNRISE BLVD., STE. 100  
FT. LAUDERDALE, FL 33304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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  
CEO  
JULIE CROCCO  
3021 NE 42nd STREET  
FORT LAUDERDALE FL 33308 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700138013557  
11/17/08--01070--002 \*\*\*61.25 ☐ Change ☐ Addition

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

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

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

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

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: Julie Crocco DATE 11-12-08 954 696 1121  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED

2008 NOV 17 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

