

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027367

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** FLORIDA DRY WATER DAMAGE RESTORATION INC

**Current Principal Place of Business:**

819 SW 44TH STREET  
A  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

819 SW 44TH STREET  
A  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 26-2177047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERITAGE TAX & CONSULTING SERVICES INC  
11220 METRO PARKWAY  
SUITE 3  
FORT MYERS, FL 33966 US

**Name and Address of New Registered Agent:**

HADAD, SHIMON  
819 SW 44TH STREET  
A  
CAPE CORAL, FL 33914 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: SHIMON HADAD

01/25/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HADAD, SHIMON  
Address: 819 SW 44TH STREET SUITE-A  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: S  
Name: HADAD, OHAD  
Address: 5557 WHISPERING WILLOW WAY  
City-St-Zip: FT MYERS, FL 33908 US

I hereby 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 all other like empowered.

SIGNATURE: SHIMON HADAD

PR

01/25/2012

Electronic Signature of Signing Officer or Director

Date