2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000048064

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

Principal Place of Business	Mailing Address
5722 S. FLAMINGO ROAD, #274 COOPER CITY, FL 33330	5722 S. FLAMINGO ROAD, #274 COOPER CITY, FL 33330

DO NOT WRITE IN THIS SPACE

03212003 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0590944
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIMATTINA, LISA
1000 S. DIXIE HIGHWAY
HOLLYWOOD, FL 33020

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	GUSTETIC, LOUIS
STREET ADDRESS	5722 S. FLAMINGO ROAD, #274
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	VT
NAME	DIMATTINA, LISA
STREET ADDRESS	5722 S. FLAMINGO ROAD, #274
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an attachment with an address, with all other like empowered.

SIGNATURE: Lisa DiMattina VP 5/27/04 954-929-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone