


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90022 023 \*\*\*158.75

<b>DOCUMENT # P97000045430</b> 1. Entity Name <b>FEDERAL RESTORATIONS GROUP INC</b>			
Principal Place of Business <b>3601 N. DIXIE HWY. BAY 3 BOCA RATON FL 33431</b>		Mailing Address <b>3601 N DIXIE HWY # 3 BOCA RATON FL 33431</b>	
2. Principal Place of Business <b>1130 S. POWELL LINE RD.</b>		3. Mailing Address <b>1130 S. POWELL LINE RD.</b>	
Suite, Apt. #, etc. <b>#101</b>		Suite, Apt. #, etc. <b>#101</b>	
City & State <b>DEERFIELD BEACH, FL</b>		City & State <b>DEERFIELD BEACH, FL</b>	
Zip <b>33442</b>	Country <b>USA</b>	Zip <b>33442</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>POKORNY, RALPH 159 OREGON LANE BOCA RATON FL 33487</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 <u><i>Ralph Pokorny</i></u> <u><i>Ralph Pokorny</i></u> <u><i>1/28/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE VS NAME POKORNY, JUNE STREET ADDRESS 3601 N DIXIE HWY # 3 CITY-ST-ZIP BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PT NAME POKORNY, RALPH STREET ADDRESS 3601 N DIXIE HWY # 3 CITY-ST-ZIP BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Ralph Pokorny</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>RALPH POKORNY, PRESIDENT</b>		<u><i>1/28/04</i></u> <u><i>954-570-7670</i></u> <small>Date Daytime Phone #</small>	