

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090707

FILED  
Jan 12, 2005  
Secretary of State

Entity Name: COMPLETE RESTORATION, INC.

**Current Principal Place of Business:**

1143 NE 7TH AVE  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1143 NE 7TH AVE  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

PO BOX 5023  
FORT LAUDERDALE, FL 33310

FEI Number: 65-0799696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TAMECKA, BOZENNA  
Address: 1871 NW 36TH STREET  
City-St-Zip: OAKLAND PARK, FL 33309

Title: TD ( ) Delete  
Name: TAMECKI, MARK  
Address: 1871 NW 36TH STREET  
City-St-Zip: OAKLAND PARK, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: BOZENNA TAMECKI

PD

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date