


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90010 015 ***150.00

DOCUMENT # P99000066641	
1. Entity Name RENOVATEC ENTERPRISE INC.	

Principal Place of Business 847 NW 87TH AVE CORAL SPRINGS, FL 33071	Mailing Address 847 NW 87TH AVE CORAL SPRINGS, FL 33071
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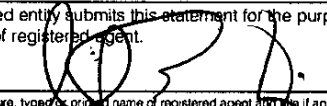
2. Principal Place of Business 2590 NW 4th Court	3. Mailing Address 2590 NW 4th Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33311	Country USA
Zip 33311	Country USA



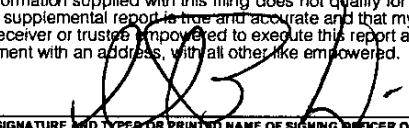
01062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent BEAULIEU, MICHEL 3300 PEMBROKE RD STE 107 HOLLYWOOD, FL 33021	
7. Name and Address of New Registered Agent Name Michel Beaulieu Street Address (P.O. Box Number is Not Acceptable) 2590 NW 4th Court City Fort Lauderdale FL Zip Code 33311	

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 	DATE 1-25-06
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEAULIEU, MICHEL 847 NW 87TH AVE CORAL SPRINGS, FL 33071 <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
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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: 	DATE 1-25-06 DAYTIME PHONE # 954-444-8694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	