

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07357

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: REVERSE OSMOSIS OF SOUTH FLORIDA,INC.

**Current Principal Place of Business:**

2860 WEST STATE ROAD 84  
SUITE 108  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

2860 WEST STATE ROAD 84  
SUITE 108  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 65-0227082      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GRAHAM, KRISTIN J  
10100 SW 16 CT  
DAVIE, FL 33324      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: D      ( ) Delete  
Name: GRAHAM, JAMES A  
Address: 10100 SW 16 CT  
City-St-Zip: DAVIE, FL 33324

Title: D      ( ) Delete  
Name: GRAHAM, KRISTIN S  
Address: 10100 SWC 16 CT  
City-St-Zip: DAVIE, FL 33324

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: GRAHAM, KRISTIN S  
Address: 10100 SW 16 CT  
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KRISTIN S GRAHAM

VP

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date