

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S07357

FILED  
Apr 30, 2012  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GRAHAM, JAMES A  
Address: 10100 SW 16 CT  
City-St-Zip: DAVIE, FL 33324

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

I hereby 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 all other like empowered.

SIGNATURE: KRISTIN S GRAHAM

D

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date