

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09065

**FILED**  
**Mar 17, 2013**  
**Secretary of State**  
**CC2927883159**

**Entity Name:** HOUSE OF RESTORATION, INC.

**Current Principal Place of Business:**

2656 S.W. 87TH AVE.  
MIAMI, FL 33165

**Current Mailing Address:**

2656 S.W. 87TH AVE.  
MIAMI, FL 33165

**FEI Number:** 59-2531409

**Certificate of Status Desired:** No

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

PEREZ, IRMA E.  
2656 S.W. 87TH AVE.  
MIAMI, FL 33165 US

*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

**Officer/Director Detail :**

Title PD  
Name PEREZ, IRMA E  
Address 10440 SW 51 ST.  
City-State-Zip: MIAMI FL 33165

Title SD  
Name LUGO, HENRY  
Address 9244 SW 154 AVE.  
City-State-Zip: MIAMI FL 33196

Title VD  
Name PEREZ, MERARI  
Address 10440 SW 51 STREET  
City-State-Zip: MIAMI FL 33165

Title TD  
Name VEGA, MARGARITA  
Address 2520 SW 114 AVE  
City-State-Zip: MIAMI FL 33165

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IRMA E. PEREZ

**PRESIDENT**

**03/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date