

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002463

**Entity Name:** RESTORATION TO THE NATIONS, INC.

**Current Principal Place of Business:**

21121 ORIOLE COUNTRY RD  
BOCA RATON, FL 33428

**Current Mailing Address:**

10245 SW 154 CT  
UNIT #107  
MIAMI, FL 33196 US

**FEI Number:** 65-0838182

**Certificate of Status Desired:** Yes

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

PUGLIESE, RICARDO MPD  
10245 SW 154 CT  
UNIT # 107  
MIAMI, FL 33196 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            | PUGLIESE, RICARDO M           |
| Address         | 10245 SW 154 CT<br>UNIT # 107 |
| City-State-Zip: | MIAMI FL 33196                |
| Title           | TRD                           |
| Name            | PUGLIESE, MARIA B             |
| Address         | 10245 SW 154 CT<br>UNIT # 107 |
| City-State-Zip: | CORAL SPRINGS FL 33196        |

|                 |                               |
|-----------------|-------------------------------|
| Title           | VD                            |
| Name            | PUGLIESE, ROSA                |
| Address         | 10245 SW 154 CT<br>UNIT # 107 |
| City-State-Zip: | CORAL SPRINGS FL 33196        |

*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:** RICARDO PUGLIESE

**PRESIDENT**

**04/04/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date