

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000084029

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** H2O EMERGENCY RESTORATION, INC.

**Current Principal Place of Business:**

10130 NORTHLAKE BOULEVARD  
214-293  
WEST PALM BEACH, FL 33412 US

**New Principal Place of Business:**

**Current Mailing Address:**

10130 NORTHLAKE BOULEVARD  
214-293  
WEST PALM BEACH, FL 33412 US

**New Mailing Address:**

**FEI Number:** 77-0694029      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MAPLES, GERALD L  
10130 NORTHLAKE BLVD., #214-293  
WEST PALM BEACH, FL 33412 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:** RAMOS, CAROL  
**Address:** 200 DIPLOMAT PKWY. #232  
**City-St-Zip:** HALLANDALE, FL 33009 US

**Title:** P  
**Name:** MAPLES, GERALD L  
**Address:** 13661 50 PLACE NORTH  
**City-St-Zip:** WEST PALM BEACH, FL 33411

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: GERALD MAPLES

P

02/17/2011

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

\_\_\_\_\_ Date