

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 188204

FILED
Jan 10, 2007
Secretary of State

Entity Name: MIAMI WASTE PAPER CO INC

Current Principal Place of Business:

2120 N.W. 14TH AVE.
P.O. BOX 420854
MIAMI, FL 33142

New Principal Place of Business:

2120 N.W. 14TH AVE.
MIAMI, FL 33142

Current Mailing Address:

2120 N.W. 14TH AVE.
P.O. BOX 420854
MIAMI, FL 33142

New Mailing Address:

2120 N.W. 14TH AVE.
P.O. BOX 420854
MIAMI, FL 33242

FEI Number: 59-0761602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS INC
1500 SAN ROMO AVE #125
CORAL GABLES, FL 33146 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: PD () Delete
Name: NOVAS, BETTY,
Address: 2120 NW 14 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: KOPSTEIN, SADIE,
Address: 2120 NW 14 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: VD () Delete
Name: NOVAS, RONALD J
Address: 2120 NW 14 AVENUE
City-St-Zip: MIAMI, FL 33142

Title: V () Delete
Name: NOVAS, DAVID
Address: 2120 NW 14 AVE
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: IGLESIA, GLADYS
Address: 2120 NW 14 AVE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTY NOVAS

PD

01/10/2007

Electronic Signature of Signing Officer or Director

Date