


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # F21319		
1. Entity Name FINER SCRAP PROCESSORS OF TAMPA, INC.		

Principal Place of Business 3104 FIFTH AVE. P. O. BOX 75336 TAMPA, FL 33675	Mailing Address 3204 5TH AVE P. O. BOX 75336 TAMPA, FL 33675 US
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DO NOT WRITE IN THIS SPACE



08232007 No Chg-P CR2E034 (11/05)

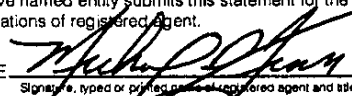
4. FEI Number 59-2073711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BARNETT, LESLIE J.
601 BAYSHORE BLVD.
SUITE 700
TAMPA, FL 33606**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **8/23/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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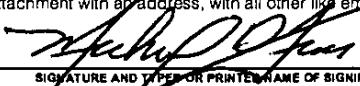
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINER, SIDNEY 13619 LYTTON WAY TAMPA,, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FINER, MICHAEL 13615 LYTTON WAY TAMPA,, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/28/07-80007-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **8/23/07** DAYTIME PHONE # **813-247-5646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR