

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88940

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: BIG APPLE DEMOLITION REMOVAL, INC.

**Current Principal Place of Business:**

4701 NW 35TH AVE  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

4701 NW 35TH AVE  
MIAMI, FL 33142 US

**New Mailing Address:**

FEI Number: 65-0209277      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SAROZA, ROBERTO  
16280 NW 9TH DRIVE  
PEMBROKE PINES, FL 33028 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: PTS ( ) Delete  
Name: SAROZA, ROBERT  
Address: 16280 NW 9TH DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP/D ( ) Delete  
Name: SAROZA, ROBERT, JR.  
Address: 4701 NW 35 AVE  
City-St-Zip: MIAMI, FL 33142

Title: VP/D ( ) Delete  
Name: DAMASO, EILEEN  
Address: 4701 NW 35 AVE  
City-St-Zip: MIAMI, FL 33142

Title: VP/D ( ) Delete  
Name: ADAMS, MICHAEL  
Address: 4701 NW 35 AVE  
City-St-Zip: MIAMI, FL 33142

Title: VP/D ( ) Delete  
Name: SAROZA, MARTHA  
Address: 4701 NW 35 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 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: EILEEN DAMASO

VP/D

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date