


## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000045404 <small>1. Entity Name</small>			
Coastal Recycling Consultants, INC			
<small>Principal Place of Business</small> 16425 Collins Avenue Sunny Isles Beach, FL 33160		<small>Mailing Address</small> 16425 Collins Ave Sunny Isles Beach, FL 33160	
<small>2. Principal Place of Business - No P.O. Box #</small>		<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>	
<small>City &amp; State</small>		<small>City &amp; State</small>	
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>
<small>4. FEI Number</small> 30-0646215		<small>Appkos Fee</small> Not Applicable	
<small>5. Certificate of Status Dated</small>		<input type="checkbox"/> \$0.75 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small>		<small>7. Name and Address of New Registered Agent</small>	
Franco Rossi 16425 Collins Avenue Sunny Isles Beach, FL 33160		Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code	
<small>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.</small>			
<small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered agent signature required when registering)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<small>9. Election Campaign Financing</small> <small>Trust Fund Contribution</small> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	P, Franco Rossi <input type="checkbox"/> Delete 16425 Collins Avenue Sunny Isles, FL 33160	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY- ST- ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<small>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</small>			
<b>SIGNATURE:</b> <u>FRANCO ROSSI</u>		Date: 02/21/2007 (954) 334-6663	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	