


## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT #</b> P00000045404 <small>1. Entity Name</small> Coastal Recycling Consultants, INC				
<small>Principal Place of Business</small> 16425 Collins Ave Sunny Isles Beach Florida 33160	<small>Mailing Address</small> 16425 Collins Avenue Sunny Isles Beach Florida 33160			
<small>2. Principal Place of Business - No P.O. Box #</small> Suite, Apt. #, etc.	<small>3. Mailing Address</small> Suite, Apt. #, etc.	03212008 Chg-P CR2E034 (12/06)		
<small>City &amp; State</small> Zip Country	<small>City &amp; State</small> Zip Country	4. FEI Number <b>30-0646215</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For				
Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				

FILED  
Mar 13, 2008 08:00 AM  
Secretary of State

<b>5. Name and Address of Current Registered Agent</b> Franco Rossi 16425 Collins Avenue Sunny Isles, FL 33160	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, Franco Rossi <input type="checkbox"/> Delete 16425 Collins Ave Sunny Isles, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: F Rossi FRANCOROSSE 03/10/2008 9543046603