


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90067 034 \*\*\*150.00

**DOCUMENT # P03000029936**

1. Entity Name  
**APPLIED ENVIRONMENTAL CONCEPTS, INC.**



Principal Place of Business Mailing Address

9300 NW 25 ST. 9300 NW 25 ST.  
 STE: 210 STE: 210  
 MIAMI, FL 33172 MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

9300 NW 25 ST 9300 NW 25 ST

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 SUITE 207 SUITE 207

City & State City & State

MIAMI, FL MIAMI, FL

Zip Country Zip Country  
 33172 USA 33172 USA

04022008 Chg-P CR2E034 (12/06)

4. FEI Number 20-0648553 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

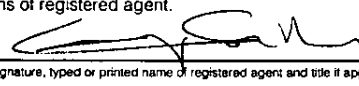
6. Name and Address of Current Registered Agent

VILLOLDO, GUSTAVO A  
 9300 NW 25 ST.  
 STE: 210  
 MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name TANYA M. SANLLEY  
 Street Address (P.O. Box Number is Not Acceptable)  
 10220 SW 88 AVENUE  
 City MIAMI FL Zip Code 33176

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 4/3/08


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

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	VILLOLDO, GUSTAVO A <input checked="" type="checkbox"/> Delete	TITLE PD	TANYA M. SANLLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLOLDO, GUSTAVO A	NAME	TANYA M. SANLLEY
STREET ADDRESS	9300 NW 25 ST. STE: 210	STREET ADDRESS	10220 SW 88 AVE
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 4/3/08 DAYTIME PHONE # (305) 498-4069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR