


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 015 ***150.00

DOCUMENT # P03000073183					
1. Entity Name SOUTHEAST RECYCLING ALLIANCE, INC.					
Principal Place of Business 5703 NW 35 AVE MIAMI, FL 33142		Mailing Address 5703 NW 35 AVE MIAMI, FL 33142			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0102462	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
THE LAW OFFICE OF ENRIQUO DIAZ PA 417 LINCOLN RD MIAMI BEACH, FL 33134		Name <i>Craig M. Dorne, PA</i>			
		Street Address (P.O., Box Number is Not Acceptable) <i>407 Lincoln Rd</i>			
		<i>Penthouse Southeast</i>			
		City <i>Miami Beach</i>		FL	
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: <i>[Signature]</i> President <i>Craig M. Dorne</i>				DATE: <i>4/28/05</i>	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESQUENAZI, ALBERT 5703 NW 35 AVE MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Esquenazi, Albert 5703 NW 35 Ave Miami, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB SZKOLNIK, EDUARDO 5703 NW 35 AVE MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SZKOLNIK, JOHN 5703 NW 35 AVE MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESQUENAZI, MORRIS 5703 NW 35 AVE MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <i>John Szkolnik</i>		Date: <i>4/28/05</i>		Daytime Phone #: <i>305-674-1180</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

00046722



04282005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

Name
Craig M. Dorne, PA
 Street Address (P.O., Box Number is Not Acceptable)
407 Lincoln Rd
Penthouse Southeast
 City
Miami Beach FL Zip Code
33139

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SIGNATURE: *[Signature]* President *Craig M. Dorne* DATE: *4/28/05*

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

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

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SIGNATURE: *[Signature]* *John Szkolnik* Date: *4/28/05* Daytime Phone #: *305-674-1180*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #