
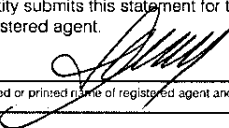



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90298 008 ***158.75

DOCUMENT # P95000041776			
1. Entity Name SOIL TECH OF SOUTH FLORIDA, INC.		Principal Place of Business 14400 N.W. 102ND AVENUE MIAMI, FL 33016	
Mailing Address PO BOX 110926 HIALEAH, FL 33011		94049043	
2. Principal Place of Business 3311 N.W. 41 ST Suite, Apt. #, etc.		3. Mailing Address 3311 N.W. 41 ST Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33142		Country MIAMI-DADE	
4. FEI Number 65-0585021		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIJARES, RAMON 9995 N.W. 130TH STREET HIALEAH GARDENS, FL 33016		7. Name and Address of New Registered Agent Name: RAMON MIJARES Street Address (P.O. Box Number is Not Acceptable): 3311 N.W. 41 ST City: MIAMI FL Zip Code: 33142	
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: 4/7/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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: D <input type="checkbox"/> Delete	NAME: MIJARS, RAMON	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MIJARES RAMON
STREET ADDRESS: 9995 N.W. 130TH STREET	CITY-ST-ZIP: HIALEAH GARDENS, FL 33016	STREET ADDRESS: 3311 NW 41ST	CITY-ST-ZIP: MIAMI FL 33142
TITLE: D <input type="checkbox"/> Delete	NAME: MIJARS, LUISA	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MIJARES LUISA
STREET ADDRESS: 9995 N.W. 130TH STREET	CITY-ST-ZIP: HIALEAH GARDENS, FL 33016	STREET ADDRESS: 3311 N.W. 41ST	CITY-ST-ZIP: MIAMI FL 33142
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
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: 		Date: 3/20/2004 (205) 657-567	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	