2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000038837

1. Entity Name
REBUILDERS, RECYCLING, INC.

Principal Place of Business
4500 OAKS ROAD
DAVIE, FL 33314

Mailing Address
4000 SW 4TH AVE
#6
DAVIE, FL 33314

04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0945716
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANES, MICHAEL B
633 S. FEDERAL HWY.
SUITE 300A
FT. LAUDERDALE, FL 33301

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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 _____
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEMARZO, FRANK
STREET ADDRESS	8971 N.W. 13TH COURT
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VO
NAME	DE MARZO, JEANNIE
STREET ADDRESS	8971 N.W. 13TH COURT
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	SOD
NAME	DAVIELLE, CATHY DAVIS
STREET ADDRESS	424 HENORICKS ISLE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/04-80048-017 150.00

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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: Jeannie DeMarzo Jeannie DeMarzo 4-12-04 954-581-6822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #