


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-12-2004 90298 007 \*\*\*158.75

**DOCUMENT # P99000086137**

1. Entity Name  
**INTER CITY DISPOSAL CORP.**



Principal Place of Business  
 14400 N.W. 102ND AVENUE  
 MIAMI, FL 33018

Mailing Address  
 PO BOX 4566  
 HIALEAH, FL 33014

**94049044**

2. Principal Place of Business  
**3355 N.W. 41 STREET**

3. Mailing Address  
**3355 N.W. 41 ST**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL 33142**

Zip  
**33142**

Country  
**MIAMI-DADE**

Zip  
**33142**

Country  
**MIAMI-DADE**



03302004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0954725**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COHEN, JEFFREY R ESQ.**  
**297 SUNNY ISLES BOULEVARD**  
**SUNNY ISLES BEACH, FL 33160**

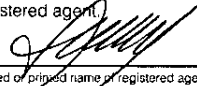
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  (NOTE: Registered Agent signature required when reinstating)

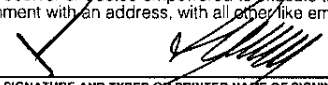
DATE **4/7/04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MIJARES, RAMON</b>		NAME <b>MIJARES, RAMON</b>	
STREET ADDRESS <b>14400 N.W. 102ND AVENUE</b>		STREET ADDRESS <b>3355 N.W. 41 ST</b>	
CITY-ST-ZIP <b>MIAMI, FL 33018</b>		CITY-ST-ZIP <b>MIAMI, FL 33142</b>	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MIJARES, LUISA</b>		NAME <b>MIJARES, LUISA</b>	
STREET ADDRESS <b>14400 N.W. 102ND AVENUE</b>		STREET ADDRESS <b>3355 N.W. 41 ST</b>	
CITY-ST-ZIP <b>MIAMI, FL 33018</b>		CITY-ST-ZIP <b>MIAMI, FL 33142</b>	
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 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:  (NOTE: Registered Agent signature required when reinstating)

DATE **4-10-2004** (905) 637-5767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #