2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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

		AITHOAL	IXEI OIXI					ary or S	iaic
DOCUMENT # P99000086137 1. Entity Name INTER CITY DISPOSAL CORP.						04-12-2004 90298 007 ***158.75			
Principal Plac	e of Busine	SS	Mailing Address		-				
14400 NW	TOOME AVI	ENICE CONTRACTOR	P .		l.		\mathbf{q}_i	4049044	7
14400 N.W. 102ND AVENUE PO BOX 4566 HIALEAH, FL 33018 HIALEAH, FL 33014							U.	10101-	
MIAMI, FL 3	2019		HIALEAH, FL 33014		l				
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2. Principal Place of Business 3555 N.W. 41 STruet 3. Mailing Address 5517 N.W. 4151									
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Suite, Apt.	#, etc.		Suite, Apt. #, etc.			2222224	O1 5	0000004 (40/00)	
					۱۰	3302004	Chg-P	CR2E034 (10/03)	
City & Stat	e		City & State			FEI Number		Ι ΙΔ	oplied For
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- 7in						00-0504	723		ot Applicable
3314	-1	Country	Zip みんしんと	Country HIAH)-	140. 5	Certificate of	Status Desired	√ √ \$8.75 Add	
7014		MANI-BADE	77742	4177/-	OTIVE!			Fee Require	ed .
	6. Nam	e and Address of Current R	Registered Agent		7.	Name and A	ddress of New	Registered Agent	
				Name				•	
COHEN, J	EFFREY	R ESQ.							
297 SUNN	IY ISLES	BOULEVARD		Street /	eet Address (P.O. Box Number is Not Acceptable)				
SUNNY ISLES BEACH, FL 33160									
		•							
				ļ					
				City				FL Zip Cod	е
9 The chave			N						
Ine above	e named ent	ty submits this statement for stered agent.	the purpose of changing its r	egistered office of	or registered a	agent, or both,	in the State of F	lorida. I am familiar with,	and accept
trie obligat	nons or regi	siered ageni.							ı
CIONATION		Mille						4/1/04	
SIGNATURE.	Signature type	d of princed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signa	ture required when	reinstation)		DATE	
			Trace approaches (1707)	ricgistered Agent aigne	au s required when	r remakaning)		/ DRIE -	
		FEE IS \$150.00	9. Election Campaig		\$5.00	May Be			
After M	ay 1, 200	4 Fee will be \$550.0	Trust Fund Contri	bution. C	Added to	o≻ees			
10.		OFFICERS AND F	NECTORS	144		DDITIONO	LANGER TO GE	EKOEDO AND DIDEOTOD	0.151.44
	T _n	OFFICERS AND D		11.		UDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	
TITLE	D		☐ Delete	TITLE	A	- 0		Change	Addition
NAME	MIJARES	S, RAMON		NAME	MITA	ves, R	AHON		
STREET ADDRESS	14400 N	W. 102ND AVENUE		STREET ADDRESS	22.7	w.w.	41 ST		
CITY-ST-ZIP	MIAMI, F	L 33018		CITY-ST-ZIP	mia.	N.W.	. 331 <i>4</i>	2	
TITLE	D		☐ Delete	7171.5	X			Change	CTI sare
NAME	I -	LINGA	LT Delete	TITLE	I	1		Change	Addition
	MIJARES			NAME	1214	C1, 40	3 - 7		
STREET ADDRESS	1	W. 102ND AVENUE		STREET ADDRESS	1355	11, to	4151		
CITY-ST-ZIP	MIAMI, F	L 33018		CITY-ST-ZIP	1110	41.52	-33142		
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TITLE NAME STREET ADDRESS			☐ Delete					· _ Change	☐ Addition
TITLE NAME			☐ Delcte	NAME				· Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	certify that the	ne information supplied with t	this liling does not quality for	NAME STREET ADDRESS CITY-ST-ZIP	ated in Section	119.07(3)(i)	Florida Statutes	I further certify that the in	nformation
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby a indicated	on this repo	ort or supplemental report is t	this filing does not qualify for t	NAME STREET ADDRESS CITY-ST-ZIP The exemption start signature shall	have the same	e legal effect a	is if made under	I further certify that the income that that I am an officer	nformation
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby a indicated	on this repo	ort or supplemental report is t	this liling does not quality for	NAME STREET ADDRESS CITY-ST-ZIP The exemption start signature shall	have the same	e legal effect a	is if made under	I further certify that the income that that I am an officer	nformation