

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110541

**FILED
Jan 16, 2006
Secretary of State**

Entity Name: BETTERWASTE MANAGEMENT CORP.

Current Principal Place of Business:

3500 NW 51 STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3500 NW 51 STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0976366 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUSTAMANTE, RODOLFO
5400 SW 77 CT APT 1H
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BUSTAMANTE, ROSA
Address: 1045 W. 47TH CT.
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BUSTAMANTE, RODOLFO
Address: 5400 SW 77 CT STE. 1H
City-St-Zip: MIAMI, FL 33155

Title: VT () Change (X) Addition
Name: JORGE, BUSTAMANTE M
Address: 3500 NW 51 STREET
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RODOLFO BUSTAMANTE

PS

01/16/2006

Electronic Signature of Signing Officer or Director

_____ Date