# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# P07000095291

**Entity Name:** ACERE HAULING & CARTING, INC.

**Current Principal Place of Business:**

6218 PARADISE POINT DRIVE
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

6218 PARADISE POINT DRIVE
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number: 26-0739889** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLUSTEIN, MATILDE
6218 PARADISE POINT DRIVE
MIAMI, FL 33157 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: MRS ( ) Delete
Name: BLUSTEIN, MATILDE
Address: 6218 PARADISE POINT DRIVE
City-St-Zip: MIAMI, FL 33157 US

Title: MR. ( ) Delete
Name: BELTRAN, MICHAEL
Address: 661 YORK TERRACE
City-St-Zip: NAPLES, FL 34109 US

Title: MR. ( ) Delete
Name: BELTRAN, ALFREDO
Address: 15055 SW 142 AVENUE
City-St-Zip: MIAMI, FL 33186 US

Title: MRS. ( ) Delete
Name: CROSS, CARMEN
Address: 9800 SW 148 TERR
City-St-Zip: MIAMI, FL 33176 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MATILDE BLUSTEIN MS 04/15/2009

Electronic Signature of Signing Officer or Director — Date