

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000019654

**Entity Name:** RECYPOLY INC.

**Current Principal Place of Business:**

20900 NE 30TH AVENUE  
SUITE 200-06  
AVENTURA, FL 33180-2100

**Current Mailing Address:**

20900 NE 30TH AVENUE  
SUITE 200-06  
AVENTURA, FL 33180-2100

**FEI Number:** 46-2596985

**Certificate of Status Desired:** No

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

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            SZKOLNIK, JOHN  
Address        20900 NE 30TH AVENUE  
                  SUITE 200-06  
City-State-Zip: AVENTURA FL 33180-2100

Title            VP, COO, DIRECTOR  
Name            SZKOLNIK, EDUARDO  
Address        20900 NE 30TH AVENUE  
                  SUITE 200-06  
City-State-Zip: AVENTURA FL 33180-2100

Title            TREASURER, DIRECTOR  
Name            SZKOLNIK, JACOBO  
Address        20900 NE 30TH AVENUE  
                  SUITE 200-06  
City-State-Zip: AVENTURA FL 33180-2100

Title            SECRETARY, DIRECTOR  
Name            MORGENSTERN, DAVID  
Address        20900 NE 30TH AVENUE  
                  SUITE 200-06  
City-State-Zip: AVENTURA FL 33180-2100

Title            VP, DIRECTOR  
Name            SZKOLNIK, RONALD  
Address        20900 NE 30TH AVENUE  
                  SUITE 200-06  
City-State-Zip: AVENTURA FL 33180-2100

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOHN SZKOLNIK

**PRESIDENT**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date