2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006157

Entity Name: WASTE SERVICES OF FLORIDA, INC.

FILED Apr 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
5002 T-REX AVE STE 200 BOCA RATON, FL 33431				2893 EXECUTIVE PARK DRIVE SUITE 305 WESTON, FL 33331		
Current Mailing Address:				New Mailing Address:		
BURLING	RNATIONAL B TON ONTARIO L7L 6Z8, ON L	LVD SUITE 601 7L 6Z8		1122 INTEI SUITE 601 BURLINGT		AL BLVD .7L 6Z8 CA
FEI Number:	: 20-0435940	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address	of New Registered Agent:
1200 SOU PLANTATI The above	PORATION SYS TH PINE ISLAN ION, FL 33324 In named entity sele of Florida.	ID ROAD US	ırpose o	of changing i	ts registere	ed office or registered agent, or both,
SIGNATUR		Oissant and F. Davistand A. A.				Data
Election Car		c Signature of Registered Ager Trust Fund Contribution ().	IL			Date
OFFICERS	S AND DIRECT	ORS:		ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	CAIRNS, IVAN F 1122 INTERNAN	Delete : ITIONAL BLVD SUITE 601 NTARIO CANADA, L7L- Z8		Title: Name: Address: City-St-Zip:		(X) Change()Addition /AN R RNANTIONAL BLVD SUITE 601 ON, ON L7L6Z8 CA
Title: Name: Address: City-St-Zip:	AS () GOEBEL, BRIAI 5002 T-REX AV BOCA RATON, I	E, STE 200		Title: Name: Address: City-St-Zip:	VD JOHNSON, 2893 EXEC WESTON, I	CUTIVE PARK DRIVE SUITE 305
Title: Name: Address: City-St-Zip:	HULLIGAN, WIL	ENUE, SUTIE 200		Title: Name: Address: City-St-Zip:		(X) Change () Addition WILLIAM P CUTIVE PARK DRIVE SUITE 305 FL 33331
Title: Name: Address: City-St-Zip:	GABRIEL, VAHE	ENUE, SUITE 200		Title: Name: Address: City-St-Zip:	V GABRIEL, V 2893 EXEC WESTON, I	CUTIVE PARK DRIVE SUITE 305
Title: Name: Address: City-St-Zip:	SALAC, KURT	Delete ENUE, SUITE 200 FL 33431		Title: Name: Address: City-St-Zip:	V SALAC, KU 2893 EXEC WESTON, I	CUTIVE PARK DRIVE SUITE 305
Title: Name: Address: City-St-Zip:	PANTANO, DEN	ENUE, SUITE 200		Title: Name: Address: City-St-Zip:	V PANTANO, 2893 EXEC	CUTIVE PARK DRIVE

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: IVAN R. CAIRNS VSD 04/06/2009