


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2004 08:00 AM
Secretary of State**

DOCUMENT # L99452 1. Entity Name RECYCLING CONSULTANTS, INC.	
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Principal Place of Business C/O JERRY I. SOLOMON 1485 GULF OF MEXICO DR LONGBOAT KEY, FL 34228-3414	Mailing Address C/O JERRY I. SOLOMON 1485 GULF OF MEXICO DR LONGBOAT KEY, FL 34228-3426
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0221864	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000030980
02/04/04-80132-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SOLOMON, JERRY I 1485 GULF OF MEXICO DR LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLOMON, JERRY I. 1485 GULF OF MEXICO DR. LONGBOAT KEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOLOMON, ROBERT 6 E SCOTT STREET CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26, 04 944-383074