2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006896

FILED Apr 08, 2009 Secretary of State

Entity Nan	ne: ROSE	EMARY PLAC	E WASTER ASSOC				
Current Pi	rincipal Pl	ace of Busir	iess:	New Principal Plac	e of Business:		
444 BRICK SUITE 900		IUE					
MIAMI, FL	33131	JS					
Current Mailing Address:				New Mailing Address:			
444 BRICK SUITE 900		IUE					
MIAMI, FL		JS					
FEI Number:	59-3707339	FEI Num	ber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address	of Current R	egistered Agent:	Name and Address	Name and Address of New Registered Agent:		
C T CORP		SYSTEM					
PLANTATI	ON, FL 33	tity submits th		purpose of changing its register	ed office or registered agent, or bot	h,	
PLANTATION The above	ON, FL 33 named en of Florida	324 US tity submits th	is statement for the		ed office or registered agent, or bot	h, —	
PLANTATION The above in the State	ON, FL 33 named en of Florida	324 US tity submits th			ed office or registered agent, or bot Date	:h, —	
PLANTATION The above in the State SIGNATUR	on, FL 33 named en of Florida RE: Elec	324 US tity submits th	is statement for the	gent		_	
PLANTATION The above in the State SIGNATUR	on, FL 33 named entering of Florida RE: Elect S AND DIR DST PINCKNEY	tity submits the s	is statement for the ure of Registered A	gent	Date	_	
PLANTATION The above in the State SIGNATUR OFFICERS Title: Name: Address:	named enterior of Florida RE: Elect B AND DIR DST PINCKNEY 444 BRICK MIAMI, FL PD SOCOLSK	tity submits the tronic Signature (Control of Signature (Control o	is statement for the ure of Registered Ag	gent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTO	_	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA STICKNEY MGR 04/08/2009