2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# N05000000932

Entity Name: SOUTH FLORIDA REUSE AND RECYCLING INSTITUTE INC.

Current Principal Place of Business:

500 NE 5TH AVE.
POMPANO BCH, FL 33060

New Principal Place of Business:

Current Mailing Address:

500 NE 5TH AVE.
POMPANO BCH, FL 33060

New Mailing Address:

FEI Number: 54-2169027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEIMBACH, MICHAEL J
500 NE 5TH AVE.
POMPANO BCH, FL 33060 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ECKELS, CASEY
Address: 500 NE 5TH AVE.
City-St-Zip: POMPANO BCH, FL 33060

Title: D ( ) Delete
Name: ROSEN, MARNIE
Address: 400 SE 4TH ST.
City-St-Zip: DEERFIELD BCH, FL 33441

Title: D ( ) Delete
Name: CAMP, JD
Address: 1620 NE 5TH CT.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: D ( ) Delete
Name: CLINTON, JEANNE
Address: 1355 SW 12TH ST.
City-St-Zip: BOCA RATON, FL 33486

Title: D ( ) Delete
Name: MAX, LISA
Address: 2408 WASHINGTON ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete
Name: SEIDEL, JAMES
Address: 441 LAKEVIEW DR., #101
City-St-Zip: WESTON, FL

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:

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

Title: D (X) Change ( ) Addition
Name: MARTIN, CHRIS
Address: 3201 N. COURSE LANE
City-St-Zip: POMPANO BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the 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: CASEY ECKELS PRES 01/05/2007

Electronic Signature of Signing Officer or Director — Date