


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90257 010 \*\*\*150.00

<b>DOCUMENT # P00000015650</b> 1. Entity Name <b>DISPOSALL OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>3051 NW 129TH TREET OPA LOCKA, FL 33054</b>			Mailing Address <b>540 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>57-1092485</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GERJEL, GREGORY P ESSQ 540 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714</b>				7. Name and Address of New Registered Agent Name <b>PAULA CALABRESE</b> Street Address (P.O. Box Number is Not Acceptable) <b>540 DOUGLAS AVENUE</b> City <b>ALTAMONTE SPRINGS</b> <b>FL</b> Zip Code <b>32714</b>	
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 <u><i>Paula Calabrese</i></u> DATE <u><i>4/28/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CALABRESE, EUGENE <input type="checkbox"/> Delete 540 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>E. P. S.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40097417



04282008 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **PAULA CALABRESE**

Street Address (P.O. Box Number is Not Acceptable)  
**540 DOUGLAS AVENUE**

City **ALTAMONTE SPRINGS** **FL** Zip Code **32714**

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SIGNATURE

*Paula Calabrese*

*4/28/08*

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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CITY-ST-ZIP  
PSTD  
CALABRESE, EUGENE ☐ Delete  
540 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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SIGNATURE:

*E. P. S.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #