


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90187 019 \*\*\*150.00

<b>DOCUMENT # P00000032395</b> 1. Entity Name <b>REUSABLE TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>11400 NW 32 AVENUE MIAMI, FL 33167-2901</b>			Mailing Address <b>11400 NW 32 AVENUE MIAMI, FL 33167-2901</b>		
2. Principal Place of Business <b>11000 NW 92 TERRACE</b>		3. Mailing Address <b>11000 NW 92 TERRACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>65-0999695</b>	
Zip <b>33178-2512</b>		Country <b>USA</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>GORDON, HOWARD W 100 S.E. 2ND ST., 17TH FLOOR MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	<b>P</b> <b>IRVINE, THOMAS</b> <b>11400 NW 32 AVENUE</b> <b>MIAMI, FL 331672901</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>IRVINE, THOMAS</b> <b>7141 NW 70 TERRACE</b> <b>PARKLAND, FL 33067</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT</b> <b>PATEL, KIRAN</b> <b>11400 NW 32 AVENUE</b> <b>MIAMI, FL 331672901</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VT</b> <b>PATEL, KIRAN</b> <b>11000 NW 92 TERRACE</b> <b>MIAMI, FL 33178-2512</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS</b> <b>PATEL, ANIL</b> <b>11400 NW 32 AVENUE</b> <b>MIAMI, FL 331672901</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VS</b> <b>PATEL, ANIL</b> <b>11000 NW 92 TERRACE</b> <b>MIAMI, FL 33178-2512</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>PATEL, DIPAK</b> <b>11400 NW 32 AVENUE</b> <b>MIAMI, FL 331672901</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>PATEL, DIPAK</b> <b>11000 NW 92 TERRACE</b> <b>MIAMI, FL 33178-2512</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VAS</b> <b>PATEL, VIJAY</b> <b>11400 NW 32 AVENUE</b> <b>MIAMI, FL 331672901</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VAS</b> <b>PATEL, VIJAY</b> <b>11000 NW 92 TERRACE</b> <b>MIAMI, FL 33178-2512</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>Kiran Patel</i> <b>KIRAN PATEL</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-24-06</b> <b>305-688-2250</b> <small>Date Daytime Phone #</small>		