


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90042 001 ***150.00

DOCUMENT # P00000032395 1. Entity Name REUSABLE TECHNOLOGIES, INC.					
Principal Place of Business 11000 NW 92 TERR MIAMI, FL 33178-2512			Mailing Address 11000 NW 92 TERR MIAMI, FL 33178-2512		
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	4. FEI Number 04302007 Chg-P CR2E034 (12/06) 65-0999695	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GORDON, HOWARD W 100 S.E. 2ND ST., 17TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name KIRAN PATEL Street Address (P.O. Box Number is Not Acceptable) 11000 NW 92 TERRACE City MIAMI, FL Zip Code 33178	
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>Kiran Patel</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-30-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IRVINE, THOMAS		NAME		
STREET ADDRESS	7141 NW 70 TER		STREET ADDRESS		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33067		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, KIRAN		NAME	PRESIDENT - TREASURER PATEL, KIRAN	
STREET ADDRESS	11000 NW 92 TERR		STREET ADDRESS	11000 NW 92 TERRACE	
CITY-ST-ZIP	MIAMI, FL 331782512		CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, ANIL		NAME		
STREET ADDRESS	1100 NW 92 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331782512		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, DIPAK		NAME		
STREET ADDRESS	11000 NW 92 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331782512		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATEL, VIJAY		NAME		
STREET ADDRESS	11000 NW 92 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331782512		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Kiran Patel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/30/07</u> Daytime Phone # <u>305-567-1000</u>		