## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** DOCUMENT # P0000040084

FILED Feb 10, 2004 8:00 am Secretary of State

MANAGED WASTE SOLUTIONS, INC.					02-10-2004 90033 014 ***150.00			
Principal Plac	e of Business	Mailing Address			į			
1190-20TH ST. PETERS	ST. NORTH BURG FL 33713	1190-20TH ST. NORTH ST. PETERSBURG FL 3					tr and	1.0
2. Principal P	Place of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE	CR2E034	(11/03)		
City & State		City & State		4. FEI Number 59-2977498	332	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	/	5. Certificate of Status Desire		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent	<u></u>		7. Name and Address of New	w Registered A	gent	
	COMANIDO DONALD		-	Name	. <del>.</del> .	· - · ·	-	~
ACCOMAÑDO, RONALD 1190 20 ST NO				Street Address (	P.O. Box Number is Not Accepta	able)		
SAII	NT PETERSBURG FL 33713							
			H	City		FL	Zip Cod	le
	named entity submits this statement for	or the purpose of changing its	registered	office or register	red agent, or both, in the State of		amiliar with,	and accept
the obligat	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered A	Agent signature required	d when reinstating)	DATE		
torio President	U E NOW!!! FEE IS \$150.00							<del></del> ,
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	f State			9. Election Campaign Trust Fund Contrib	~		00 May Be d to Fees
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Thereby settiny trial the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-896-8600