
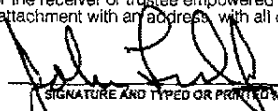


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000058156		
1. Entity Name 3 J'S WASTE, INC.		
Principal Place of Business 3021 NE 46TH ST FORT LAUDERDALE, FL 33307	Mailing Address 3021 NE 46TH ST FORT LAUDERDALE, FL 33307	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEMBO, JOHN 3021 N.E. 46TH STREET FT. LAUDERDALE, FL 33308		DO NOT WRITE IN THIS SPACE
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEMBO, JOHN 3021 N.E. 46TH STREET FT. LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEMBO, JANICE 3021 N.E. 46TH STREET FT. LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/27/06 954 4912750 Date Daytime Phone #



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1014079	Applied For Not Applicable
-----------------------------	-------------------------------

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

U00000408419
02/08/06-80058-013 150.00

**DO NOT WRITE
IN THIS SPACE**