

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000029680

FILED
Jul 05, 2007
Secretary of State

Entity Name: BIOMEDICAL WASTE SOLUTIONS INCORPORATED

Current Principal Place of Business:

PO BOX 590068
ORLANDO, FL 32859

New Principal Place of Business:

5528 FORCE FOUR PKWY
ORLANDO, FL 32839

Current Mailing Address:

PO BOX 590068
ORLANDO, FL 32859

New Mailing Address:

FEI Number: 65-1100868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUDSON, KOBINA A
10549 SUNRISE TERR DR
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: RODRIGUEZ, JOSE
Address: 4062 123RD TRAIL N
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: PDT () Delete
Name: HUDSON, KOBINA
Address: 10549 SUNRISE TERR DR
City-St-Zip: ORLANDO, FL 32825

Title: S () Delete
Name: RODRIGUEZ, ANDREA
Address: 4062 123RD TRAIL N
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: RODRIGUEZ, EVELYNN
Address: 4062 123RD TRAIL N
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KOBINA A. HUDSON

PDT

07/05/2007

Electronic Signature of Signing Officer or Director

_____ Date