

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000038578

Entity Name: WASTE BUSTERS, INC.

FILED  
Apr 03, 2006  
Secretary of State

## Current Principal Place of Business:

985 SE 22ND AVENUE  
POMPANO BEACH, FL 33062

## New Principal Place of Business:

2400 E. LAS OLAS BLVD.  
#416  
FT. LAUDERDALE, FL 33301

## Current Mailing Address:

985 SE 22ND AVENUE  
POMPANO BEACH, FL 33062

## New Mailing Address:

2400 E. LAS OLAS BLVD.  
#416  
FT. LAUDERDALE, FL 33301

FEI Number: 65-1095674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOLLOZZI, SANDRA  
985 SE 22ND AVENUE  
POMPANO BEACH, FL 33062 US

## Name and Address of New Registered Agent:

RAFY, EMIL  
9540 N.W. 11TH ST.  
PLANTATION, FL 33322 US

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: EMIL RAFY

04/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MOLLOZZI, SANDRA  
Address: 985 SE 22 AVENUE  
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RAFY, EMIL  
Address: 9540 N.W. 11TH ST  
City-St-Zip: PLANTATION, FL 33322

Title: VP ( ) Change (X) Addition  
Name: RAFY, JENNIFER  
Address: 9540 N.W. 11TH ST.  
City-St-Zip: PLANTATION, FL 33322

I hereby certify that the information supplied with this filing does not qualify for the 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: EMIL RAFY

PD

04/03/2006

Electronic Signature of Signing Officer or Director

Date