


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90016 011 ***150.00

DOCUMENT # P01000041509	
1. Entity Name PANTECH RECYCLING, INC.	

Principal Place of Business 1406 FLAGLER BLVD. LAKE PARK, FL 33403	Mailing Address 1406 FLAGLER BLVD. LAKE PARK, FL 33403
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94051890



2. Principal Place of Business 1406 FLAGLER BLVD Suite, Apt. #, etc.	3. Mailing Address 1406 FLAGLER BLVD Suite, Apt. #, etc.
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04062004 Chg-P CR2E034 (10/03)

City & State LAKE PARK, FL.	City & State LAKE PARK, FL.
Zip 33403	Zip 33403
Country FLA BEACH	Country FLA BEACH

4. FEI Number 65-1097597	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
PANUZZO, ANTONIO	
1406 FLAGLER BLVD.	
LAKE PARK, FL 33403	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>Antonio</i>	DATE 4-12-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANUZZO, ANTONIO 1406 FLAGLER BLVD. LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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: <i>Antonio</i>	DATE 4-12-04	DAYTIME PHONE 561-841-4155
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