2004 FOR PROFIT CORPORATION

Apr 16, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P01000049955** 04-16-2004 90086 003 ***150.00 1. Entity Name EB HAULING, CORP. Principal Place of Business Mailing Address 8150 WEST 8 COURT 8150 WEST 8 COURT HIALEAH, FL 33014 HIALEAH, FL 33014 __ |_- 3.-Mailing Address > - - - -2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03252004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 52-2321509 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IZQUIERDO, ESTEBAN Street Address (P.O. Box Number is Not Acceptable) 8150 WEST 8 COURT HIALEAH, FL 33014 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees - ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 4.15-OFFICERS AND DIRECTORS .10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE IZQUIERDO, ESTEBAN NAME NAME STREET ADDRESS STREET ADDRESS 8150 W 8 COURT CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33014 Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Channe TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE" NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADGRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Chafter 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.

186-258-2477

FILED