2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 24, 2005 08:00 AM Secretary of State

DOCUMENT # P01000049955 1. Entity Name EB HAULING, CORP.				Secretary of State		
Principal Plac 8150 WEST HIALEAH, FL		Mailing Address 8150 WEST 8 COURT HIALEAH, FL 33014		C SERVINER: 111 MATER AND SERVIN		
С	OO NOT WRITE	entropy of the second of the s	CE	02152005 No Chg- 4. FEI Number 52-2321509 5. Certificate of Status Des	Applied For Not Applicable	
6, Name and Address of Current Registered Agent						
IZQUIERDO, ESTEBAN 8150 WEST 8 COURT HIALEAH, FL 33014			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for titions of registered agent.	he purpose of changing its registe	red office or register	red agent, or both, in the State	of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent			red Agent signature required	required when reinstating) DATE		
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees		
10.	OFFICERS AND D	RECTORS				
NAME STREET ADDRESS CITY-ST-ZIP	IZQUIERDO, ESTEBAN 8150 W 8 CÖURT HIALEAH, FL 33014					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				040 02729a	nom24n383 /CS-80001~070-150.00 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		the Million		IN THIS	SPACE	
TITLE NAME STREET ADORESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with	is filing does not qualify for the excue and accurate and that my signal ered to execute this report as required to the fike empowered.	emption stated in Se ature shall have the s ulred by Chapter 607	ction 119.07(3)(i), Florida Stat same legal effect as if made u , Florida Statutes; and that my	utes. I further certify that the information nder cath; that I am an officer or director name appears in Block 10 or Block 11 if 786-258	

YPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR