

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000051440

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: INTEGRAL SANITARY SOLUTIONS, INC.

**Current Principal Place of Business:**

3835 NW 32 AVE  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 402444  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 65-1113050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PALACIO, GLADYS  
3835 NW 32ND AVE  
MIAMI, FL 33142 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PALACIO, GLADYS  
Address: 9547 SW 59TH TERRACE  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: ALLENGER, ALICA  
Address: 9651 LITTLE RIVER BLVD  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GLADYS PALACIO

VP

01/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date