

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000072375

Entity Name: NU-WAY RECYCLING CORP.

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12967 SUZANNE DR  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

12967 SUZANNE DR  
HOBE SOUND, FL 33455

**New Mailing Address:**

FEI Number: 65-1132575      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MASIELLO, ANTHONY  
12967 SUZANNE DR  
HOBE SOUND, FL 33455      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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BRENNAN, WILLIAM T  
Address: 12967 SUZANNE DR  
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD  
Name: PORTER, JOHN  
Address: 12967 SUZANNE DR  
City-St-Zip: HOBE SOUND, FL 33455

Title: SD  
Name: MASIELLO, ANTHONY  
Address: 12967 SUZANNE DR  
City-St-Zip: HOBE SOUND, FL 33455

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM BRENNAN

P

02/11/2011

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

\_\_\_\_\_  
Date