

2008 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000094811

1. Entity Name
ENVIRONMENTAL PROTECTION PRODUCTS OF
AMERICA, INC.



Principal Place of Business
1034 N.E. 44TH STREET
OAKLAND PARK, FL 33334

Mailing Address
1034 N.E. 44TH STREET
OAKLAND PARK, FL 33334



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3832555

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZELEDON, LAURA J
1034 N.E. 44TH STREET
OAKLAND PARK, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

U000000920962
05/14/08-80064-010 300.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ZELEDON, DANIEL
STREET ADDRESS 1034 N.E. 44TH STREET
CITY-ST-ZIP OAKLAND PARK, FL 33334

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #