

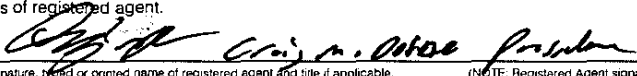
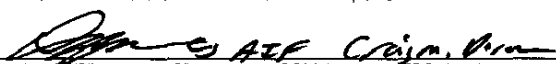


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90727 012 ***150.00

DOCUMENT # P02000004375					
1. Entity Name SOLO RECYCLING, CORP.					
Principal Place of Business 3481 S.W. 142 AVE. PEMBROKE PINES, FL 33027			Mailing Address 3481 S.W. 142 AVE. PEMBROKE PINES, FL 33027		
2. Principal Place of Business 4401 E 11 Ave		3. Mailing Address 4401 E 11 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State Hialeah FL			
Zip 33013		Country USA		4. FEI Number 04-3591813	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOLOGUREN, JUAN C 3481 S.W. 142 AVE. PEMBROKE PINES, FL 33027			7. Name and Address of New Registered Agent Name: The Law Office of Craig M. Ochoa Street Address (P.O. Box Number is Not Acceptable): 407 Lincoln Rd PH SE City: Miami Beach FL Zip Code: 33139		
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:  DATE: 4/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME SOLOGUREN, JUAN C		<input type="checkbox"/> Delete		
STREET ADDRESS 3481 S.W. 142 AVE.	CITY-ST-ZIP PEMBROKE PINES, FL 33027		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD	NAME SOLOGUREN, MARIA		<input type="checkbox"/> Delete		
STREET ADDRESS 3481 S.W. 142 AVE.	CITY-ST-ZIP PEMBROKE PINES, FL 33027		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 all other like empowered.					
SIGNATURE: 			4/30/04 305-953-1254 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					