

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000009971

Entity Name: ALL WASTE, INC.

FILED  
Feb 16, 2006  
Secretary of State

**Current Principal Place of Business:**

5918 LANE CIRCLE SOUTH  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

5918 LANE CIRCLE SOUTH  
JACKSONVILLE, FL 32254

**New Mailing Address:**

FEI Number: 01-0580392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROMANELLO, DUANE C  
1919-8 BLANDING BLVD  
JACKSONVILLE, FL FL 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: DUANE C ROMANELLO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROMANELLO, BRIAN J  
Address: 7588 WILSON BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete  
Name: GARCIA, FIDEL  
Address: 7588 WILSON BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Delete  
Name: SACAQUINI, NICOLAU  
Address: 7588 WILSON BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

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

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

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 Chapter 119, 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: BRIAN J ROMANELLO

P

02/16/2006

Electronic Signature of Signing Officer or Director

Date