

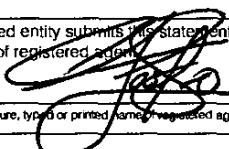
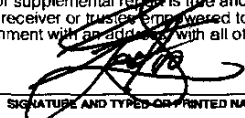


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90004 011 ***150.00

DOCUMENT # P03000023927 1. Entity Name ECO PAPER RECYCLING, CORP.																																																																																																																	
Principal Place of Business 3700 SW 132 AVENUE MIARAMAR, FL 33027				Mailing Address 3700 SW 132 AVENUE MIARAMAR, FL 33027																																																																																																													
2. Principal Place of Business 10049 NW 89th AVE. Suite, Apt. #, etc. #20		3. Mailing Address 10049 NW 89th AVE Suite, Apt. #, etc. #20																																																																																																															
City & State MEDLEY FL.		City & State MEDLEY FL.		4. FEI Number 050562581																																																																																																													
Zip 33178		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent CASTRO, CARLOS M 3700 SW 132 AVENUE MIARAMAR, FL 33027				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  SIGNATURE </div> <div style="text-align: center;"> Carlos Castro (NOTE: Registered Agent signature required when reconstituting) </div> <div style="text-align: center;"> 8/25/2004 DATE </div> </div>																																																																																																																	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																															
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CASTRO, CARLOS M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3700 SW 132 AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIARAMAR, FL 33027</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MONSERRATE, MARIA E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3700 SW 132 AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIARAMAR, FL 33027</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	CASTRO, CARLOS M		STREET ADDRESS	3700 SW 132 AVENUE		CITY - ST - ZIP	MIARAMAR, FL 33027		TITLE	SD	<input type="checkbox"/> Delete	NAME	MONSERRATE, MARIA E		STREET ADDRESS	3700 SW 132 AVENUE		CITY - ST - ZIP	MIARAMAR, FL 33027		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 addendum with all other like empowered.																																																																																																																	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR </div> <div style="text-align: center;"> Carlos Castro </div> <div style="text-align: center;"> 8/25/2004 Date </div> <div style="text-align: center;"> 305-887-5864 Daytime Phone # </div> </div>																																																																																																																	