2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000023927

1. Entity Name
ECO PAPER RECYCLING, CORP.

FILED
07 MAR 29 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03282007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
10049 NW 89TH AVE # 20 MIAMI, FL 33178	10049 NW 89TH AVE # 20 MIAMI, FL 33178

2. Principal Place of Business - No P O Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0562581 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VENGEL, JUAN G
10049 NW 89 AVE #20
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name Aneyka Vega
Street Address (P O Box Number is Not Acceptable) 10049 NW 89 AVE. #20
City MIAMI FL Zip Code 33178

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VENGEL, JUAN G 10049 NW 89TH AVE MIAMI, FL 33178	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(P) Aneyka Vega 10049 NW 89 Ave. #20 Miami, FL 33178	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700095804437 04/04/07--01036--023 **150.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 all other like empowered

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #