



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90077 036 \*\*\*150.00

<b>DOCUMENT # P03000039567</b>					
<b>1. Entity Name</b> MIAMI-DADE RECYCLING CENTER, INC.					
<b>Principal Place of Business</b> 701 BRICKELL AVE STE 3000 MIAMI, FL 33131		<b>Mailing Address</b> 701 BRICKELL AVE STE 3000 MIAMI, FL 33131			
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-0835252	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD... MONTEAGUDO, JESUS P.O. BOX 466 KEY LARGO, FL 33037				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
[Empty]					
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i>				Jesus Monteaquib	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 3-5-05	
Daytime Phone #				[Empty]	