2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2

FILED
Jun 07, 2004 8:00 am
Secretary of State
05-03-2004 90727 025 ***150.00

DOCUMENT # P03000073183

1. Entity Name
SOUTHEAST RECYCLING ALLIANCE, INC.

66426876

Principal Place of Business	Mailing Address
7700 N.W. 79TH PLACE SUITE 1-D MEDLEY, FL 33166	7700 N.W. 79TH PLACE SUITE 1-D MEDLEY, FL 33166

01262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5703 NW 35 AVE	5703 NW 35 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33142 Country: USA	Zip: 33142 Country: USA

4. FEI Number 20-0102462 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name: The Law offices of Cajar, Rico PA
Street Address (P.O. Box Number is Not Acceptable): 417 Lincoln Rd
Penthouse SouthEast
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: Cajar, Rico President 1/26/04
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, 2004 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	PD ESQUENAZI, ALBERT 7700 N.W. 79TH PLACE MEDLEY, FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ESQUENAZI ALBERT 5703 NW 35 AVE MIAMI, FL 33142	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SZKOLNIK, EDUARDO 7700 N.W. 79TH PLACE MEDLEY, FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SZKOLNIK EDUARDO 5703 NW 35 AVE MIAMI, FL 33142	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD SZKOLNIK, JOHN 7700 N.W. 79TH PLACE MEDLEY, FL 33166	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD SZKOLNIK JOHN 5703 NW 35 AVE MIAMI, FL 33142	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ESQUENAZI, MORRIS 7700 N.W. 79TH PLACE MEDLEY, FL 33166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ESQUENAZI MORRIS 5703 NW 35 AVE MIAMI, FL 33142	☒ 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 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: Manny Esquenazi 1/30/04 305-634-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #