



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000087126 1. Entity Name ALL DADE RECYCLING & TRANSFER STATION, INC.	
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Principal Place of Business 3680 N.W. 135TH ST. OPA LOCKA, FL 33054	Mailing Address 3680 N.W. 135TH ST. OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE

	
01072005 No Chg-P CR2E034 (10/03)	
4. FEI Number 56-2385906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTIN, ALVIN B
3680 N.W. 135TH ST.
OPA LOCKA, FL 33054**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ALVIN B 3680 N.W. 135TH ST. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LOUISE 3680 N.W. 135TH ST. OPA LOCKA, FL 33054
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04/27/05-80165-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>GB Martin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/25/05</u> <small>Date</small>	<u>205-836-2851</u> <small>Daytime Phone #</small>
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