

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

DOCUMENT # P03000129780

1. Entity Name

CENTRAL PACK RECYCLING INC.



04-19-2004 90694 001 *****8.75
04-19-2004 90694 002 ***150.00
04-19-2004 90694 003 *****5.00

66412796



MOORE CR2E034 (11/03)

Principal Place of Business
2979 N DIXIE HWY #722
OAKLAND PARK FL 33334

Mailing Address
2979 N DIXIE HWY #722
OAKLAND PARK FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0496528

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARQUAHARSON, JUNIOR ESQ.
5546 W OAKLAND PARK BLVD STE 220
LAUDERHILL-FL-33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME JACKSON, CHRISTINE
STREET ADDRESS 2979 N DIXIE HWY #722
CITY-ST-ZIP OAKLAND PARK FL 33334

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME KINGSLEY FOSTER
STREET ADDRESS 1676 NE 32 ST
CITY-ST-ZIP FORTLAUDERDALE FL 33334

☐ Change

☒ Addition

TITLE S/T
NAME SANDRA Mc DOWELL
STREET ADDRESS 2979 N DIXIE HWY#722
CITY-ST-ZIP OAKLAND PARK FL 33334

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

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:

CHRISTINE JACKSON DP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-04

Date

Daytime Phone #