

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90020 046 ***150.00

DOCUMENT # P04000025188

1. Entity Name
CHOICE ENVIRONMENTAL SERVICES, INC.



Principal Place of Business Mailing Address
13300 NW 38TH CT
OPA LOCKA, FL 33054

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2860 STATE RD 84
2860 STATE RD 84

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 103
Suite 103

City & State City & State
FT. LAUDERDALE, FL
FT. LAUDERDALE, FL

Zip Country Zip Country
33312
33312

01232008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-0721317
Not Applicable

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

6. Name and Address of Current Registered Agent

SWANK, KENNETH R
13300 NW 38TH CT
OPA LOCKA, FL 33054

7. Name and Address of New Registered Agent

Name **KENNETH R. SWANK**
Street Address (P.O. Box Number is Not Acceptable)
2860 STATE RD 84
Suite 103
City **FT. LAUDERDALE** **FL** Zip Code **33312**

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 **Kenneth R. Swank**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-23-2008

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PRES**
STREET ADDRESS **RODRIGUE, NEAL W PRES**
CITY-ST-ZIP **13300 NW 38TH CT**
OPA LOCKA, FL 33054

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2860 STATE RD 84 Suite 103**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE ☐ Change ☐ Addition
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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: **Neal W. Rodrigue**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

Date

Daytime Phone #