

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-29-2008 90020 047 \*\*\*150.00

<b>DOCUMENT # P04000025194</b>			
<b>1. Entity Name</b> CHOICE ENVIRONMENTAL SERVICES OF ST. LUCIE, INC.			
<b>Principal Place of Business</b> 13300 NW 38TH CT OPA LOCKA, FL 33054		<b>Mailing Address</b> 13300 NW 38TH CT OPA LOCKA, FL 33054	
<b>2. Principal Place of Business - No P.O. Box #</b> 2860 STATE RD 84		<b>3. Mailing Address</b> 2860 STATE RD 84	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103	
City & State FT. Lauderdale, FL		City & State FT. Lauderdale, FL	
Zip 33312	Country	Zip 33312	Country
<b>6. Name and Address of Current Registered Agent</b>  SWANK, KENNETH R 13300 NW 38TH CT OPA LOCKA, FL 33054		<b>7. Name and Address of New Registered Agent</b> 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	
<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: <u>[Signature]</u> DATE: <u>1-23-2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RODRIGUE, NEAL W PRES 13300 NW 38TH COURT OPA LOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2860 STATE RD 84 Suite 103 FT. Lauderdale, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/29/08</u> <small>Daytime Phone #</small>	