## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 31, 2007 8:00 am DOCUMENT # P04000025909 Secretary of State 1. Entity Name 01-31-2007 90052 033 \*\*\*150.00 A.B.T. SEPTIC SERVICE, INC. Principal Place of Business Mailing Address 15870 SW 250TH STREET 15870 SW 250TH STREET MIAMI FL 33031 MIAMI FL 33031 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 20-0996759 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRANDA, ADALBERTO 15870 SW 250TH STREET Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33031** Zip Code statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits the obligations of registere SIGNATURE Signature, typed or prin FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD THREE THE Addition ☐ Delete MIRANDA, ADALBERTO NAME NAMI 15870 SW 250TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33031 CITY - S1-ZIP CHY ST-ZIP TD HILE Defete HILL ☐ Change Addition V'MIRANDA, RAUL R NAME 15870 SW 250TH STREET STREET ADDRESS STRUCT ADDRESS MIAMI FL 33031 CITY-ST-ZIP CHY-ST ZIP SD Delete IIILE □ Change ☐ Addition CATERSON, DAVID NAME MAME 15870 SW 250TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33031 CITY-ST-ZIP CITY ST-ZIP 11TLE ☐ Delete TRUE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP HILE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DILLE Delete HILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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.

FILED