

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-29-2008 90020 048 ***150.00

DOCUMENT # P04000166259					
1. Entity Name CHOICE ENVIRONMENTAL SERVICES OF PALM BEACH, INC.					
Principal Place of Business 13300 NW 38TH CT OPA LOCKA, FL 33054			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			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 103			
City & State		City & State Ft. Lauderdale, FL		4. FEI Number 20-2010575	
Zip		Country		Zip 33312	
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: <u>Kenneth R Swank</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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	
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	
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: <u>Neal W. Rodrigue</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/22/08</u> Daytime Phone #		