

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088029

FILED
Jan 19, 2006
Secretary of State

Entity Name: PRONTO ROLL OFF INC.

Current Principal Place of Business:

419 MARTIQUES DRIVE
KISSIMMEE, FL 34759

New Principal Place of Business:

2742 SW SOMBER ROAD
PORT ST LUCIE, FL 34953

Current Mailing Address:

419 MARTIQUES DRIVE
KISSIMMEE, FL 34759

New Mailing Address:

2742 SW SOMBER ROAD
PORT ST LUCIE, FL 34953

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALVAREZ, HECTOR R
419 MARTIQUES DRIVE
KISSIMMEE, FL 34759 US

Name and Address of New Registered Agent:

RODRIGUEZ ARIAS, YAINARA
2742 SW SOMBER ROAD
PORT ST LUCIE, FL 34953 US

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.

SIGNATURE: RODRIGUEZ ARIAS, YAINARA

01/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, HECTOR R
Address: 419 MARTIQUES DRIVE
City-St-Zip: KISSIMMEE, FL 34759

Title: VP () Delete
Name: ARIAS, JUAN M
Address: 1308 SE WALTON LAKES DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Delete
Name: RODRIGUEZ- ARIAS, YAINARA
Address: 1308 SE WALTON LAKES DR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Delete
Name: ALVAREZ, SARAH L
Address: 419 MARTIQUES DR
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARIAS, JUAN M
Address: 2742 SW SOMBER ROAD
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP (X) Change () Addition
Name: RODRIGUEZ ARIAS, YAINARA
Address: 2742 SW SOMBER ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARIAS, JUAN M

P

01/19/2006

Electronic Signature of Signing Officer or Director

Date