2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2007 08:00 A Secretary of State

ANNUAL REPORT					rep 15, 200/ 08;			
DOCUMENT # P05000101413						ì	Secret	ary of S
I. Entity Name JR TRASH REMOVAL AND LAND SERVICE, INC.								
			İ					
Principal Plac	e of Business	Mailing Address						
1389 RAINB		1389 RAINBOW AV						
MESI LYFINI	BEACH, FL 33406	WEST PALM BEACH	1, FL 334U0)				
4.5								
· 					01212007	No Chg-P	CR2E034 (*	1/05)
D	O NOT WRITE	IN THIS	SPA	CE	4. FEI Numbe	er		Applied For
		•	en e		20-318	7420	***	Not Applicable
				4	5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current	Registered Agent						* MARINE
PEREZ, JA	AIR				DO	NOTW	DITE:	
	IBOW AVENUE LM BEACH, FL 33406	1 3		NOT W		* * * * * * * * * * * * * * * * * * *		
I WEST FAI	LIVI DEACH, FE 33400			,	IN 7	THIS SP	ACE	
							e National Control	
8. The above	named entity submits this statement for	or the purpose of changing	g its registere	ed office or register	ed agent, or bot	h, in the State of Flor	rida. Lam famili	ar with, and accept
the obligat	ions of registered agent.							
SIGNATURE_	Signature typed or printed name of registered agent	and title if applicable	(NOTE: Registered	d Agent signature required	when reinstating)		DATE	
						U00000	 	
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.				00 May Be ed to Fees	02/26/07-	80047-00	4 150.00
IITLE	OFFICERS AND	DIRECTORS		l 1	,	1, 1		
NAME	PEREZ, JAIR							
STREET ADDRESS	1389 RAINBOW AVENUE							re i jaski t
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		·					
TITLE NAME	BAUTA, JANET				3			
STREET ADDRESS	1389 RAINBOW AVENUE						3. 3.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	i		e e		• • • • • • • • • • • • • • • • • • • •	•	n _u
TITLE NAME					r,		4	
STREET ADDRESS	-	w	<u> </u>	and the selection of the		NOT W	DITE	و <u>کوند خون کی دارا</u>
CITY-ST-ZIP					#: UU!	NOT W		
TITLE NAME					* IN 1	THIS SP	ACE	The Barrelland
STREET ADDRESS				1 1 2	*			
CITY-ST-ZIP							. "1	, , , , , , , , , , , , , , , , , , ,
TITLE NAME					ì			They was a second
STREET ADDRESS						the state of the s		
CITY-ST-ZIP				l n n			الهور المعام الجرواني	원 (14일반 (1521년) 1일 (14일)

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 thistee 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-200 (

16/1324-0305