2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 05, 2007 8:00 am **Secretary of State** DOCUMENT # P06000078946 06-05-2007 90013 027 ***150.00 A & M GREASE TRAPS, INC. Principal Place of Business Mailing Address 2700 FLAMINGO DRIVE 2700 FLAMINGO DRIVE MIRAMAR, FL 33023 MIRAMAR, FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For Not Applicable 06-1781184 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 Name HERNANDEZ, RUTH Street Address (P.O. Box Number is Not Acceptable) 2700 FLAMINGO DRIVE MIRAMAR, FL 33023 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NCTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ☐ Change ☐ Addition TITLE TITLE HERNANDEZ, RUTH NAME 2700 FLAMINGO DRIVE STREET ADDRESS STREET ADDRESS MIRAMAR, FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Addition TITLE TITLE NAME STREET ADORESS STREET ADDRESS CATY-ST-ZP CITY-ST-ZIP ☐ Delcte TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Celete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

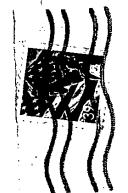
OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

ATTACHMENT

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Please No Penalty