

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000100809

1. Entity Name
SOUTH FLORIDA HAULING SERVICES INC.



FILED

07 MAY -8 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
200 GALEN DRIVE #111
KEY BISCAYNE, FL 33149

Mailing Address
200 GALEN DRIVE #111
KEY BISCAYNE, FL 33149

2. Principal Place of Business - No P.O. Box #
1425 Santa Cruz Ave.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Coral Gables, FL
Zip
33134
Country
U.S.A.

City & State
City
Zip
Country

05072007 Chg-P CR2E034 (12/06)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUENTES, CRISTINA L
200 GALEN DRIVE #111
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name
MARGARITA C. HERNANDEZ
Street Address (or P.O. Box Number is Not Acceptable)
1425 Santa Cruz Ave
City
Coral Gables, FL Zip Code
33134

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 Margarita Hernandez
Signature, typed or printed name of registered agent and title if applicable

Margarita Hernandez
(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME PUENTES, CRISTINA L
STREET ADDRESS 200 GALEN DRIVE #111
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE (P) ☒ Change ☒ Addition
NAME MARGARITA C. HERNANDEZ
STREET ADDRESS 1425 SANTA CRUZ AVE
CITY-ST-ZIP CORAL Gables, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500102931605
05/21/07--00116--011 **\$150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
B 5/8/07

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: Margarita C. Hernandez MARGARITA C. HERNANDEZ

05/07/07

(351) 491-8404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #