## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

| •  | ANNOAL   | REFORI  |  |   |                                  |                                 | _                               |
|--|--|---|--|---|----------------------------------|---------------------------------|---------------------------------|
| DOCUMENT # P06000100809  1. Entity Name SOUTH FLORIDA HAULING SERVICES INC.  |  |   |  |   |                                  | ILED<br>-8 PM 12: 53            |                                 |
|  |  |   | ( Ten  |   | OF TIAT                          | -0 PM 12: 53                    |                                 |
| Principal Place  | e of Business  | Mailing Address   |  |   | SECRETA                          | RY OF STATE<br>SSEE, FLORIDA    |                                 |
| 200 GALEN D  | DRIVE #111   | 200 GALEN DRIVE #111  | _  |   | TALLAHAS                         | WI OF STATE                     |                                 |
| KEY BISCAYN  | É, FL 33149  | KEYBISCATNE, FL 33149   | 9  | ].  | · Occariat                       | osce, FLUKIDA                   |                                 |
| / /  |  | //  |  | LINGURALI                                       | I EBRO BIRI BERI EEN EEN         | DI BOOK BURK BOKK IUSA BERU IUS | 1001 B 1001                     |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address  |  | <u> </u>  |  |   |                                  |                                 |                                 |
| 1425 Santo Cruz Ave. Dr  |  | 4ME   | 11888881                                     | II ASHD BIRI BERL DEST REI                      | TI LINI AGUI AAIRE IKNI MAAK IKI | ISKI († 1681                    |                                 |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   |  | 05072007  | Chg-P                            | CR2E034 (12/06)                 | ,                               |
| City & State City & State  |  | City & State  |  | 4. FEI Numb                                     | oer                              | Ap                              | plied For                       |
| Cord gables tra  |  | Sily d Side   |  |   | -                                | <del></del>                     | t Applicable                    |
| 33/34 Country  |  | Zip Country   |  | 5. Certificat                                   | 5. Certificate of Status Desired |                                 |                                 |
| 6. Name and Address of Current Registered Agent  |  |   | Т  | . 7. Name an                                    | d Address of New R               |                                 |                                 |
| PLIENTES CRISTINAL   |  |   |  |   |                                  | LIEBNIA                         | VIDEA                           |
|  | , CRISTINA L   |   |  | uress or O Box Numl                             |                                  |                                 | INDIA                           |
| 200 GALEN DRIVE #111<br>KEY BISCAYNE, FL 33149   |  |   |  | 125 SANTA                                       | Cruz A                           | e e                             |                                 |
| KET BISC   | ATNE, FL 33149   |   |  |   |                                  |                                 |                                 |
| •  |  |   | City   | 10 11   |                                  | FL Zip Cod                      | 6 /                             |
| 9 The shows  | parried antity authority the encompart for   | riba purposa of changing its re   | raistared office or r                        | ransport and the                                | oth in the State of Ek           |                                 |                                 |
| 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.            |  |   |  |   |                                  |                                 |                                 |
| May to blench Mangarito Hargonnes  |  |   |  |   |                                  |                                 |                                 |
| SIGNATURE Signature, hiped or crinied name of registered agent and trie 1 applicable. (NOTE Registered Agent signature required when reinstating):  DATE   |  |   |  |   |                                  |                                 |                                 |
|  |  |   |  |   |                                  |                                 |                                 |
| FILE NOWIII FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be Due by September 14, 2007  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees corporation did not receive the prior notice. |  |   |  |   |                                  |                                 |                                 |
|  | · · · · · · · · · · · · · · · · · · ·  |   |  |   |                                  | varaa wa biaratan               |                                 |
| 10.  | → Ø OFFICERS AND   |   | 11.  |   |                                  | FICERS AND DIRECTORS            | Addition                        |
| TITLE<br>NAME  | P<br>PUENTES, CRISTINA L   | Delete  | MANNE (P)                                    | •   |                                  | EN ANDE Change                  | _                               |
| STREET ADDRESS   | 200 GALEN DRIVE #111   | •   | STREET ADDRESS                               | 1425 3  | ANTA C                           | RUZ AVE                         | ;                               |
| CITY-ST-ZIP-   | KEY RISCAYNE FI 33149  |   | CITY-ST-ZiP                                  | CORAL   | Gables                           | 5, FL 33                        | 134                             |
| TITLE  |  | ☐ Delicte   | TITLE  |   |                                  | ☐ Change                        | Addition                        |
| NAME   | ·  |   | NAME   |   |                                  |                                 |                                 |
| STREET ADDRESS   | 1  |   | STREET ADORESS CITY-ST-ZIP                   | <u></u>   | DQ1029                           | 831605<br>011 **150J            |                                 |
| CITY-ST-ZIP  |  |   | <b>.</b>                                     | <u>U5/2</u>                                     | 1/11/HHHK                        |                                 |                                 |
| TITLE<br>'NAME   | [  | Ll Delete   | TITLE<br>NAME                                |   |                                  | ☐ Change                        | ☐ Addition                      |
| STREET ADDRESS   |  |   | STREET ADDRESS                               |   |                                  | ,                               |                                 |
| CITY-ST-ZIP  |  |   | CHY-ST-ZIP                                   |   |                                  |                                 | <u> </u>                        |
| TITLE  |  | ☐ Delene  | JUTE   |   |                                  | ☐ Change                        | ☐ Addition                      |
| NAME   | į  |   | NAME   |   |                                  |                                 |                                 |
| STREET AODRESS   |  |   | STREET ADDRESS                               |   |                                  |                                 |                                 |
| CITY-ST-ZIP  |  |   | TITLE  |   |                                  | Change                          | Addition                        |
| TITLE .  | 1.   | Delete  | NAME   |   | •                                | LJ Crenty                       | THE PROPERTY OF                 |
| STREET ADDRESS   |  |   | STREET ADDRESS                               |   |                                  |                                 |                                 |
| CITY-ST-ZIP  | ł  |   | CITY-ST-ZIP                                  |   |                                  |                                 |                                 |
| I  |  | <u> </u>  | TITLE  |   | 5.17                             | ☐ Change                        | ☐ Addition                      |
| TITLE  |  | ☐ Detete  |  |   |                                  |                                 |                                 |
| NAME   |  | ∟i Detete   | NAME   | ( )   |                                  | J                               |                                 |
| NAME<br>STREET ADDRESS   |  | ∟1 Detate   | STREET ADDRESS                               | ( )   | 135181                           | J                               |                                 |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | STREET ADDRESS<br>CITY-ST-ZIP                | ontained in Chapter                             | 18 Floresto Strawers             | Lighter construction that       | nformance                       |
| NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated of the co  | certify that the information supplied with don't his report or supplemental report in reportion or the receiver or trusted employees a starchment with an address. | n this filing does not qualify for<br>s true and accurate and that my<br>owered to execute this report a                                  | STREET ADDRESS CITY-ST-ZIP the exemptions oc | ive me same legal eg                            | ect as it made under             | caro, idal Fata su otocea       | COLUMN COLUMN                   |
| NAME STREET ADDRESS CHY-ST-ZIP  12. I hereby indicatee of the co-changed   | d an this tanget of cumplomontal tabatt u  | n this filing does not qualify for<br>s true and accurate and that my<br>owered to execute this report a<br>with all other like empowered | STREET ADDRESS CITY-ST-ZIP the exemptions oc | ave me same legal en<br>pter 607, Florida Stati | ect as it made under             | caro, idal Fata su otocea       | r of director<br>ir Błock 11 if |