

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000100809

1. Entity Name
SOUTH FLORIDA HAULING SERVICES INC.



FILED

2008 AUG 14 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1425 SANTA CRUZ AVE
CORAL GABLES, FL 33134 US**

Mailing Address
**1425 SANTA CRUZ AVE
CORAL GABLES, FL 33134 US**

2. Principal Place of Business - No P.O. Box #
200 GALEN DR.

3. Mailing Address
Same

Suite, Apt. #, etc.
111

Suite, Apt. #, etc.

City & State
Key Biscayne FL

City & State

Zip
33149

Country
USA

Zip

Country

08132008 Chg-P CR2E034 (12/06)

4. FEI Number
77-0684889

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HERNANDEZ, MARGARITA C
1425 SANTA CRUZ AVE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
CRISTINA L. Puentes

Street Address (P.O. Box Number is Not Acceptable)
200 GALEN DR.

111

City
Key Biscayne FL

Zip Code
33149

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 *C. Puentes* **8-13-08**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, MARGARITA C 1425 SANTA CRUZ AVE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRISTINA L. Puentes 200 GALEN DR. # 111 Key Biscayne FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800134590058 08/19/08--01008--007 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *C. Puentes* **8-13-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #