

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90020 044 \*\*\*150.00

<b>DOCUMENT # P06000151449</b> 1. Entity Name <b>CHOICE RECYCLING SERVICES OF MIAMI, INC.</b>					
Principal Place of Business <b>13300 NW 38TH COURT OPA LOCKA, FL 33054</b>				Mailing Address <b>13300 NW 38TH COURT OPA LOCKA, FL 33054</b>	
2. Principal Place of Business - No P.O. Box # <b>2860 STATE RD 84</b>		3. Mailing Address <b>2860 STATE RD 84</b>			
Suite, Apt. #, etc. <b>Suite 103</b>		Suite, Apt. #, etc. <b>Suite 103</b>			
City & State <b>FT. LAUDERDALE, FL</b>		City & State <b>FT. LAUDERDALE, FL</b>			
Zip <b>33312</b>		Country <b>USA</b>		4. FEI Number <b>20-8017448</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BSPA CORPORATE SERVICES, INC. 350 E LAS OLAS BLVD STE 1000 FT LAUDERDALE, FL 33301</b>			7. Name and Address of New Registered Agent Name <b>KENNETH R. SWANK</b> Street Address (P.O. Box Number is Not Acceptable) <b>2860 STATE RD 84</b> <b>Suite 103</b> City <b>FT. LAUDERDALE FL</b> Zip Code <b>33312</b>		
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 <u><i>Kenneth R. Swank</i></u> <span style="float: right;">1-23-2008</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>RODRIGUEZ, NEAL</b> <b>13300 NW 38TH CT.</b> <b>OPA LOCKA, FL 33054</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>NEAL RODRIGUEZ</b> <b>2860 STATE RD 84 Suite 103</b> <b>FT. LAUDERDALE, FL 33312</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Neal Rodriguez</i></u> <span style="float: right;">1/24/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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