

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000038622

**FILED**  
**Jun 25, 2009**  
**Secretary of State**

**Entity Name:** EAGLE CONTAINERS & PLASTIC RECYCLING, INC.

**Current Principal Place of Business:**

3325 NW 62ND STREET  
MIAMI, FL 33147

**New Principal Place of Business:**

1101 NW 23RD STREET  
BAY# A  
MIAMI, FL 33127

**Current Mailing Address:**

241 NE 212TH STREET  
MIAMI, FL 33179

**New Mailing Address:**

**FEI Number:** 20-8754851      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, CLAUDIA F  
2821 SUNNY ISLES BLVD.  
6S  
NORTH MIAMI BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOPEZ, CLAUDIA F  
Address: 2821 SUNNY ISLES BLVD. #6S  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: V ( ) Delete  
Name: COLL-CARDENAS, GIANCARLO  
Address: 241 NE 212TH STREET  
City-St-Zip: MIAMI, FL 33179

Title: AS ( ) Delete  
Name: SWINNEY, MARCUS A  
Address: 241 NE 212TH STREET  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA LOPEZ

P

06/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date