## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2008 8:00 am Secretary of State 01-14-2008 90105 045 \*\*\*150.00

DOCUMENT # P07000078681  1. Entity Name RECYCLING KINGDOM, INC.					Secretary of Stat				
Principal Place of Business  20283 NORTH STATE ROAD 7  SUITE 108  BOCA RATON, FL 33498  Mailing Address  20283 NORTH STATE ROAD 7  SUITE 108  BOCA RATON, FL 33498  Mailing Address  Address  Address  BOCA RATON, FL 33498						660016	576 Mariananan	Di arioa i	I TERRA TA HATTA
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01072008	Chg-P	CR2E034 (	12/06)		
City & State		City & State			4 FEI Numb	゚゙゚゚゚゚゚゚゚゚゚゚゚゚゙゚゚゚゚゚゚゚゚	<u>م</u> ٦-۵	1	pplied For of Applicable
Zip	Country	Country Zip Co		try	5. Certificate	of Status Desired			ditional
	6. Name and Address of Current			7. Name and	Address of New		<u> </u>		
				Name					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL									~
			-	City			FL <sup>2</sup>	ip Coo	le
B. 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating)  DATE									
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  8. Election Campaign Financing Trust Fund Contribution.					.00 May Ba ed to Fees			-	
10.					ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	CTOR	S IN 11
TITLE	050000 1000000		mle		☐ Change ☐ Addition				
NAME STREET ADDRESS CITY-ST-ZIP	20283 NORTH STATE ROAD 7 #108 st			T ADDRESS ST-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·		TITLE		···-			hange	Addition
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NAME STREET ADDRESS			NAM(			•			
CITY-ST-ZIP			STREET CITY-S	ADDRESS IT-ZIP					
12. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for	the exer	notions contained	in Chapter 119,	Florida Statutes, I	further certify the	t the in	formation

Tal. Inereby certify that the information supplied with this flung 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 of 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** 

GNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

01-09-08 561-482-9300