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Mar 25, 2008 8:00 am
Secretary of State

01-29-2008 90020 045 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000123741

1. Entity Name
CHOICE RECYCLING SERVICES OF BROWARD, INC.

66004947

Principal Place of Business	Mailing Address
13300 NW 38 CT. OPA LOCKA, FL 33054	13300 NW 38 CT. OPA LOCKA, FL 33054

01212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2860 STATE Rd 84
Suite, Apt. #, etc.	Suite, Apt. #, etc. SuiTE 103
City & State	City & State Ft. Lauderdale Fl
Zip / Country	Zip 33312 / Country

4. FEI Number 20-8017448 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BSPA CORPORATE SERVICES, INC.
350 E. LAS OLAS BLVD., STE. 1000
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: KENNETH R. SWANK
Street Address (P.O. Box Number is Not Acceptable): 2860 STATE Rd 84
SuiTE 103
City: Ft. Lauderdale FL Zip Code 33312

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: [signature] 1-23-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Neal Rodrigue 2860 State Rd 84 Suite 103 Ft. Lauderdale Fl 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 1/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #