

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000034707

**FILED**  
**May 09, 2012**  
**Secretary of State**

**Entity Name:** ALTERNATIVE WASTE SOLUTIONS, INC.

**Current Principal Place of Business:**

4000 NE 169TH STREET, #501  
N. MIAMI BEACH, FL 33160

**New Principal Place of Business:**

4000 NE 169TH STREET, #501  
N. MIAMI BEACH, FL 33160 UN

**Current Mailing Address:**

3777 NE 163RD STREET, #115  
N. MIAMI BEACH, FL 33160

**New Mailing Address:**

4000 NE 169TH STREET, #501  
501  
N. MIAMI BEACH, FL 33160 UN

**FEI Number:** 94-3445813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SESMA, MARIO  
4000 NE 169TH STREET, #501  
N. MIAMI BEACH, FL 33160 US

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

SANTELICES, VIVIAM  
4000 NE 169TH STREET, #501  
N. MIAMI BEACH, FL 33160 US

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: VIVIAM SANTELICES

05/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SANTELICES, VIVIAM  
Address: 4000 NE 169TH STREET, #501  
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: ST  
Name: SESMA, MARIO  
Address: 4000 NE 169TH STREET, #501  
City-St-Zip: N. MIAMI BEACH, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: VIVIAM SANTELICES

P

05/09/2012

Electronic Signature of Signing Officer or Director

Date