


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90076 040 ***150.00

DOCUMENT # P93000024824	
1. Entity Name A & T INTERNATIONAL DISPOSAL & PAPER PRODUCT CONCEPTS, INC.	

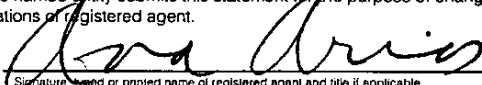
Principal Place of Business 10954 SW 157 TERRACE MIAMI, FL 33157	Mailing Address 10954 SW 157 TERRACE MIAMI, FL 33157
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
07072005	Chg-P CR2E034 (10/03)
4. FEI Number 65-0409230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

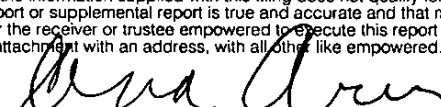
6. Name and Address of Current Registered Agent ARIAS, ANA V 1095 SW 157 TERRACE MIAMI, FL 33157	
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7. Name and Address of New Registered Agent Name ANA V. ARIAS Street Address (P.O. Box Number is Not Acceptable) 10954 SW 157 TERRACE City MIAMI FL Zip Code 33157	
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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 	DATE 7/9/05

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARIAS, ANA V 10954 SW 157 TERRACE MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	DATE 7/9/05