

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90194 044 ***150.00

DOCUMENT # P93000087744 1. Entity Name WASTE ENTERPRISES, INC.			
Principal Place of Business 2400 E. LAS OLAS BLVD., #416 FORT LAUDERDALE, FL 33301 US		Mailing Address 2400 E. LAS OLAS BLVD., #416 FORT LAUDERDALE, FL 33301 US	
2. Principal Place of Business, No P.O. Box # 3051 NE 48th STREET		3. Mailing Address 3051 NE 48th STREET	
Suite, Apt. #, etc. 105		Suite, Apt. #, etc. 105	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33308		Zip 33308	
Country US		Country US	
4. FEI Number 65-0463948		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWINN, GEORGE 500 AUSTRALIAN AVENUE SOUTH SUITE 600 W. PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MIANO, JOSEPH A <input type="checkbox"/> Delete STREET ADDRESS 2400 E LAS OLAS BLVD CITY-ST-ZIP FORT LAUDERDALE, FL 33301	TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MIANO, Joseph A. STREET ADDRESS 3051 NE 48th STREET, #105 CITY-ST-ZIP FT. LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: <u>Joseph A Miano</u> JOSEPH MIANO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/15/07</u> 934 Daytime Phone #: <u>804 4483</u>	