2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000006376

1. Entity Name

SORBANT ENVIRONMENTAL CORP.

Principal Place of Business

Mailing Address

1764 NE 205 TERR NORTH MIAMI, FL 33179 P.O. BOX 80-2505 AVENTURA, FL 33280-2505 FILED

Apr 30, 2008 08:00 AM

Secretary of State



DO NOT WRITE IN THIS SPACE

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0589131

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, JOEL 9999 COLLINS AVENUE SUITE 19-B BAL HARBOR, FL

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and bite 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		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000935063 05/23/08-80056-021 150-00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT CD FRIEDLAND, JOEL 1764 NE 205 TERR NORTH MIAMI, FL 33179	CTORS	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				,

12. I hereby certify that the information supplied with this filling 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:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #