2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 04, 2007 08:00 All Secretary of State DOCUMENT # P95000041120 1. Entity Name ENVIRONMENTAL SERVICES REALTY, INC. Principal Place of Business Mailing Address 195 E BLUE HERON BLVD P.O. BOX 10003 RIVIERA BCH FL 33404 RIVIERA BCH FL 33419 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 65-0638542 Not Applicable Ζip Country Zin Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo FIEDOR, MICHAEL 195 EAST BLUE HERON BLVD. Street Address (P.O. Box Number is Not Acceptable) RIVIERA BEACH FL 33404 City Zip Code 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ... After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE ☐ Change Addition FIEDOR, MICHAEL A NAME NAME 8156 E ELIZABETH AVE STREET ADDRESS STREET ADDRESS U00000689405 PALM BCH FL 33418 CITY-ST-ZIP CITY-ST-ZIP 04/11/07-00033 IIILE ☐ Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE HHE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THE Dolete Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CtTY-S1-7IP

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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:

MICHAEL A FIRMOV 3/27/07 561-848-7805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGO OFFICER OR DIRECTOR