


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90727 014 \*\*\*150.00

**DOCUMENT # P95000092761**

1. Entity Name  
**SOUTHEASTERN RECYCLING, CORPORATION**



Principal Place of Business      Mailing Address

5520 NW 35TH AVE.      782 NW LE JEUNE RD  
 SUITE 307      434  
 HIALEAH, FL 33142 US      MIAMI, FL 33126 US

2. Principal Place of Business      3. Mailing Address

*5703 NW 35 AVE*      *5703 NW 35 AVE*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*MIAMI, FL*      *MIAMI, FL*

Zip      Country      Zip      Country

*33142*      *USA*      *33142*      *USA*



01262004      Chg-P      CR2E034 (10/03)

6. Name and Address of Current Registered Agent

ESQUENAZI, MORRIS  
 5520 NW 35TH AVENUE  
 MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name: *The Law Office of Craig M. Dolne PA*  
 Street Address (P.O. Box Number is Not Acceptable): *417 Glick Rd*  
*Penhoke Southeast*  
 City: *Miami Beach*      FL      Zip Code: *33139*

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]*      *Craig M. Dolne*      DATE: *4/30/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	ESQUENAZI, ALBERT	
STREET ADDRESS	5520 N.W. 35TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33142	
TITLE	P	<input type="checkbox"/> Delete
NAME	ESQUENAZI, MORRIS	
STREET ADDRESS	5520 N.W. 35TH AVENUE	
CITY-ST-ZIP	HIALEAH, FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESQUENAZI ALBERT	
STREET ADDRESS	5703 NW 35 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESQUENAZI MORRIS	
STREET ADDRESS	5703 NW 35 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	CEOD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZKOLNIK JEN	
STREET ADDRESS	5703 NW 35 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE	JV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZKOLNIK EDUARDO	
STREET ADDRESS	5703 NW 35 AVE	
CITY-ST-ZIP	MIAMI, FL 33142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*      *MORRIS ESQUENAZI*      DATE: *30/04*      DAYTIME PHONE #: *305-634 1180*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR