

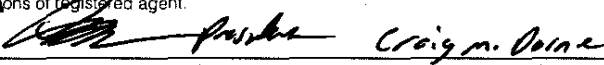
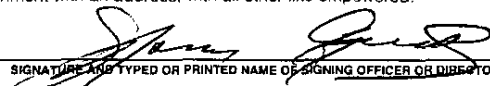


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 5520 NW 35TH AVE. SUITE 307 HIALEAH, FL 33142 US			Mailing Address 782 NW LE JEUNE RD 434 MIAMI, FL 33126 US		
2. Principal Place of Business 5703 NW 35 AVE Suite, Apt. #, etc.		3. Mailing Address 5703 NW 35 AVE Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		01262004 Chg-P CR2E034 (10/03)	
Zip 33142		Country USA		4. FEI Number 65-0622987	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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): 407 Gough Rd City: Penthouse 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:  Craig M. Dolne DATE: 4/30/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE ST NAME ESQUENAZI, ALBERT STREET ADDRESS 5520 N.W. 35TH AVENUE CITY-ST-ZIP HIALEAH, FL 33142	<input type="checkbox"/> Delete		TITLE PD NAME ESQUENAZI, ALBERT STREET ADDRESS 5703 NW 35 AVE CITY-ST-ZIP MIAMI FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME ESQUENAZI, MORRIS STREET ADDRESS 5520 N.W. 35TH AVENUE CITY-ST-ZIP HIALEAH, FL 33142	<input type="checkbox"/> Delete		TITLE SD NAME ESQUENAZI, MORRIS STREET ADDRESS 5703 NW 35 AVE CITY-ST-ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CEOD NAME SZKOLNIK, JEN STREET ADDRESS 5703 NW 35 AVE CITY-ST-ZIP MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE VP NAME SZKOLNIK, EDUARDO STREET ADDRESS 5703 NW 35 AVE CITY-ST-ZIP MIAMI, FL 33142	<input checked="" 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	
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	
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:  MORRIS ESQUENAZI 4/30/04 305-634 1180 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					