


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 013 ***150.00

DOCUMENT # P95000092761

1. Entity Name
SOUTHEASTERN RECYCLING, CORPORATION



Principal Place of Business
5703 NW 35 AVE.
HIALEAH, FL 33142 US

Mailing Address
5703 NW 35 AVE.
HIALEAH, FL 33142 US

50046724



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04282005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
THE LAW OFFICES OF CRAIG DARREN, PA
407 LINCOLN RD.
PENTHOUSE, SOUTHEAST
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 Name Craig M. Dorne, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Road
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. Dorne, President DATE 4/28/05
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PR	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESQUENAZI, ALBERT			NAME			
STREET ADDRESS	5703 NW 35 AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESQUENAZI, MORRIS			NAME			
STREET ADDRESS	5703 NW 35 AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP			
TITLE	CEO	<input checked="" type="checkbox"/> Delete		TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SZKOZNIK, JEN			NAME	Szkolnik, John		
STREET ADDRESS	5703 NW 35 AVE.			STREET ADDRESS	5703 NW 35 Ave		
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP	Miami, FL 33142		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SZKOZNIK, EDUARDO			NAME	Szkolnik, Eduardo		
STREET ADDRESS	5703 NW 35 AVE.			STREET ADDRESS	5703 NW 35 Ave		
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP	Miami, FL 33142		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: John Szkolnik, CEO DATE: 4/28/05 DAYTIME PHONE #: 305-634-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #