

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90005 044 ***150.00



DOCUMENT # P96000020857

1. Entity Name
FLORIDA WOOD RECYCLING, INC.

Principal Place of Business
 9651 NW 89 AVE
 MEDLEY, FL 33178 US

Mailing Address
 9651 NW 89TH AVE
 MEDLEY, FL 33178 US



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0717263	Applied For: Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIMOIN, GERRY
 9651 NW 89TH AVE
 MEDLEY, FL 33178

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	VP GNIWISCH, SAMUEL 6750 WESTBURY MONTREAL QUE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SCHNEIDER, HARVEY 1380 WEEPING WILLOW WAY HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIMOIN, JERRY 9651 NW 89 AVE. MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GNIWISCH, MAYLR 4970 CARLTON MONTREAL, QUEBEC,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNELL, LON 102 MCNAMARA ROAD NEW HEMPSTEAD, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Gerry Rimoin Date: Feb/2/04 Daytime Phone #: 305-8050033