

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90020 003 ***150.00

DOCUMENT # P98000070460

1. Entity Name
**CHOICE ENVIRONMENTAL SERVICES OF BROWARD,
INC.**



Principal Place of Business
**13300 NW 38TH COURT
OPA LOCKA, FL 33014**

Mailing Address
**3315 NW 46TH STREET
MIAMI, FL 33143**

2. Principal Place of Business - No P.O. Box #

2860 STATE RD 84

3. Mailing Address

2860 STATE RD 84

Suite, Apt. #, etc.

Suite 103

Suite, Apt. #, etc.

Suite 103

City & State

Fr. Landendale, FL

City & State

Fr. Landendale, FL

Zip

33312

Country

Zip

33312

Country

01232008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3524544

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PIZZI, MICHAEL
15271 NW 60TH AVENUE
SUITE 206A
MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent

Name

KENNETH R SWANIK

Street Address (P.O. Box Number is Not Acceptable)

2860 STATE RD 84

Suite 103

City

Fr. Landendale

FL

Zip Code

33312

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

Kenneth R Swanik

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-23-2008

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, GLEN M	
STREET ADDRESS	13300 NW 38TH COURT	
CITY-ST-ZIP	OPA LOCKA, FL 33014	
TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUE, NEAL W	
STREET ADDRESS	13300 NW 38TH COURT	
CITY-ST-ZIP	OPA LOCKA, FL 33014	
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 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2860 STATE RD 84 Suite 103
CITY-ST-ZIP	Fr. Landendale, FL 33312
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2860 STATE RD 84 Suite 103
CITY-ST-ZIP	Fr. Landendale, FL 33312
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	
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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #