

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000098492

1. Entity Name
YOUR SCRAP MATTERS, INC.



Principal Place of Business
**973 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486**

Mailing Address
**973 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486**



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEIL, R.
973 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486**

**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 _____

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

(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	P WEIL, RENEE 973 PARKSIDE CIR NO BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD WEIL, RANDOLPH 973 PARKSIDE CIRCLE NORTH BOCA RATON, FL 33486
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01/28/04-80019-018 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-04

Date

561-3500980

Daytime Phone #