## 2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

DOCUMENT # S40591...

1. Entity Name

AES PORTABLE SANITATION, INC.



Principal Place of Business

11050 NW 36 AVE MIAMI, FL 33167

Mailing Address

11050 NW 36 AVE MIAMI, FL 33167

## **FILED** Apr 29, 2008 08:00 AN Secretary of State



04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0269239

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MCCORMICK, ARTHUR DO NOT WRITE 7550 RED ROAD IN THIS SPACE MIAMI, FL 33143

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

10,

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-S1-ZIP MUE NAME STREET ADDRESS

CITY-ST-ZIP

CJIY-SI-7IP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SUITE 203

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

OFFICERS AND DIRECTORS

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

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

GUERRA, RENE L

13076 SAN MATEO

CORAL GABLES, FL 33156

PSD

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

05/22/08-80044-018 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the 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

305-953-6965

Daytime Phone #