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	RPORATION IUAL REPORT		Sandra Secre	ARTMENT OF STATE B Mortham tary of State CORPORATIONS			
DOCUMENT # V09 1. Corporation Name		V09165	(4)				
•	HAULING, INC.		` .		1 JEDIJ BIJELI BEJJE INIJE JOJE A	tiā i diat di dit di dili didas di di	il B i J il B ill 18
Principal Plac	re of Business		B. C. A. A. A.				
3951 NW 96TH AVE COOPER CITY FL 33024			Mailing Address 3951 NW 96TH AVE COOPER CITY FL 33024				
					 Date Incorporated or Qualified 01/24/1992 	3a. Date of Last Re 06/14/19	
 Principal P 	flace of Business	2a 26	, Mailing Address		4. FEI Number		pplied For
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.	74	65-0311950 5. Cortificate of Status Desired	\$8.75	ot Applicabl Additional
City & State	e	,	City & State		6. Election Campaign Financing	\$5.00	equired May Be
Zip	Count	28	Z _I p	Country	Trust Fund Contribution 8. This corporation has liability for it	Added	to Fees
<u> </u>	25	29 ress of Current Regis		30	Flonda Statutes Yes	□ No	199.032.
	9, 114,000	cos or corrent negis	stered Agent	81 Name	10. Name and Address of New R	egistered Agent	
	anthony, Jr. NW 96th ave			82 Street Ad	ddress (P.O. Box Number is Not Acceptable	le;	
	ER CITY FL 33024			83			
				84 City		leel 2.	
1. Pursuant	to the provisions of Soci	L 607 (1502		1 1 1			Code
or register familiar wi		UONS GUZ USUZ AMA KIT	7 1508 Florida Statuto	a toy obaya named so			
	red agent, or both, in the th, and accept the oblig	e State of Florida, Such ations of, Section 607.	7.1508, Florida Statute i change was authorize 0505, Florida Statutes	s the above named corp d by the corporation's bo	poration submits this statement for the purporard of directors. Thereby accept the appo		gistered offici gent I am
IGNATURE	th, and accept the oblig	ations of, Section 607.	0505, Fiorida Statutes	a sy olo copyolation e do	очто о втестого. Плагелу ассерт те арро		gistered offi gent Tam
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14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Which is a provided by Chapter 607, Florida Statutes; and that my name of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of the corporation of the corporation of the receiver of trustees and the corporation of the corporation of the receiver of the corporation of the