


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # V14182
 1. Entity Name
MODERN RECYCLING, INC., OF FLORIDA



Principal Place of Business 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34185 US	Mailing Address 24278 PRODUCTION CIRCLE BONITA SPRINGS, FL 34135 US
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DO NOT WRITE IN THIS SPACE



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0315348	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
CICCARONE, MICHAEL J
1515 BROADWAY
FORT MYERS, FL 33901

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000617248 02/08/07-80005-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WASHUTA, STEVE 4746 MODEL CITY RD., MODEL CITY, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASHUTA, LORIE 4746 MODEL CITY RD. MODEL CITY, NY 14107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WASHUTA, RICHARD 4746 MODEL CITY RD. MODEL CITY, NY 14107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WASHUTA, SONIA 4746 MODEL CITY RD. MODEL CITY, NY 14107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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]* **01-29-07** **(716) 754-8226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #