

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90118 012 ***150.00

DOCUMENT # V71186

1. Entity Name

EAGLE SANITATION, INC.



Principal Place of Business

360 AVENUE S
JOBSITE TRAILER
RIVIERA BEACH FL 33404
US

Mailing Address

360 AVENUE S
JOBSITE TRAILER
RIVIERA BEACH FL 33404
US



2. Principal Place of Business

4537 WEST 45TH ST.

Suite, Apt. #, etc.

3. Mailing Address

4537 WEST 45TH ST.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

WEST PALM BEACH FLORIDA

City & State

WEST PALM BEACH FLORIDA

4. FEI Number

65-0364791

Applied For

Not Applicable

Zip

33407

Country

Zip

33407

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARANGI, NICHOLAS F
400 BEACH RD., #701
JUPITER FL 33469

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARANGI, NICHOLAS F	
STREET ADDRESS	400 BEACH ROAD #701	
CITY-ST-ZIP	JUPITER FL 33469	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TORRIERO, DONALD	
STREET ADDRESS	360 AVENUE S	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Section 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:

Nicholas F. Marangi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2006

Date

561-588-6188

Daytime Phone #