

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000014467

**Entity Name:** ENVIROWASTE SERVICES GROUP, INC.**Current Principal Place of Business:**18001 OLD CUTLER ROAD  
SUITE 643  
PALMETTO BAY, FL 33157**Current Mailing Address:**18001 OLD CUTLER ROAD  
SUITE 643  
PALMETTO BAY, FL 33157 US**FEI Number:** 65-0829090**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST  
SUITE 4  
TALLAHASSEE, FL 32301 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR AND CHAIRMAN
Name	WILSON, RUSS
Address	2811 PONCE DE LEON BLVD #400
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR AND EXECUTIVE VICE PRESIDENT
Name	REYNOLDS, STEPHEN
Address	2811 PONCE DE LEON BLVD #400
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR, EXECUTIVE VICE PRESIDENT, SECRETARY AND GENERAL COUNSEL
Name	GERSHMAN, DAVID
Address	2811 PONCE DE LEON BLVD #400
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	GROSS, JORGE A JR.
Address	2811 PONCE DE LEON BLVD #400
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR AND CHIEF EXECUTIVE OFFICER
Name	LONG, JIM
Address	18001 OLD CUTLER ROAD SUITE 643
City-State-Zip:	PALMETTO BAY FL 33157

Title	CFO AND SECRETARY
Name	BOURHIS, MARC
Address	18001 OLD CUTLER ROAD SUITE 643
City-State-Zip:	PALMETTO BAY FL 33157

Title	ASSISTANT SECRETARY
Name	CALDERON, MICHELSA
Address	2811 PONCE DE LEON BLVD #400
City-State-Zip:	CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELSA CALDERON

ASST SECREATRY

04/08/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date