

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M44265

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: KRYPTON PEST CONTROL, CO.

## Current Principal Place of Business:

8809 N.W. 189 TERR  
MIAMI, FL 33015 US

## New Principal Place of Business:

8809 N.W. 189 TERR  
MIAMI, FL 33018 US

## Current Mailing Address:

8809 N.W. 189 TERR  
MIAMI, FL 33015 US

## New Mailing Address:

8809 N.W. 189 TERR  
MIAMI, FL 33018 US

FEI Number: 59-2755938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVERA, HECTOR JR.  
8809 NW 189 TERR.  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

RIVERA, HECTOR JR.  
8809 NW 189 TERR.  
MIAMI, FL 33018 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: HECTOR RIVERA, JR

04/14/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: RIVERA, HECTOR,  
Address: 1050 W. 37 STREET  
City-St-Zip: HIALEAH, FL 33010,

Title: PD ( ) Delete  
Name: RIVERA, HECTOR JR.,  
Address: 8809 N.W. 189 TERR  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: RIVERA, HECTOR,  
Address: 1050 W. 37 STREET  
City-St-Zip: HIALEAH, FL 33010

Title: PD (X) Change ( ) Addition  
Name: RIVERA, HECTOR JR.,  
Address: 8809 N.W. 189 TERR  
City-St-Zip: MIAMI, FL 33018

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HECTOR RIVERA JR

PD

04/14/2004

Electronic Signature of Signing Officer or Director

Date