


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000087049

1. Entity Name
 1-866-JUNK-BE-GONE CORP / MIAMI



Principal Place of Business 3500 N.W. 51ST STREET MIAMI, FL 33142	Mailing Address 3500 N.W. 51ST STREET MIAMI, FL 33142
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05092005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0176882	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

BUSTAMANTE, JORGE L
 860 EAST 9TH COURT
 HIALEAH, FL 33010

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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 reappointing)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BUSTAMANTE, JORGE L 860 EAST 9TH COURT HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUSTAMANTE, RODOLFO V 860 EAST 9TH COURT HIALEAH, FL 33010
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **May 9, 2005** **305-634-2709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #