


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
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

DO NOT WRITE IN THIS SPACE



03272008 No Chg-P CR2E034 (11/05)

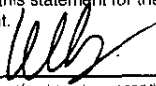
4. FEI Number 20-0176882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSTAMANTE, JORGE L
 360 PAYNE DRIVE
 MIAMI SPRING, FL 33166

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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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 4/1/08

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

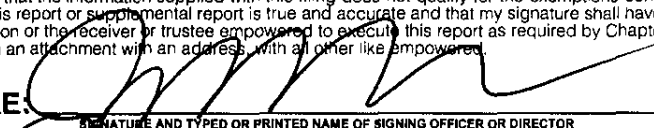
10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BUSTAMANTE, RODOLFO
STREET ADDRESS	5400 SW 77 CT APT 1H
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	VPD
NAME	BUSTAMANTE, JORGE L
STREET ADDRESS	360 PAYNE DRIVE
CITY-ST-ZIP	MIAMI SPRING, FL 33166
TITLE	SD
NAME	BUSTAMANTE, JORGE M
STREET ADDRESS	240 WEST PARK DR
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000882387
 04/16/08-80038-024 150.00

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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:  (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: 4/01/08

Daytime Phone #