

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S12106

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** OMNI PEST CONTROL INC.

**Current Principal Place of Business:**

10441 SW 5 STREET  
MIAMI, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX  
44-0534  
MIAMI, FL 331440534

**New Mailing Address:**

**FEI Number:** 65-0250348      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARMAS, ARMANDO MR.  
10441 SW 5TH ST  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

ARMAS, LOURDES MRS.  
10441 SW 5TH ST  
MIAMI, FL 33174 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: LOURDES ARMAS

03/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ARMAS, LOURDES MRS.  
Address: 10441 SW 5TH ST  
City-St-Zip: MIAMI, FL 33174

Title: VPD  
Name: ARMAS, ARMANDO MR.  
Address: 10441 SW 5TH ST  
City-St-Zip: MIAMI, FL 33174

Title: SD  
Name: DE VARONA, EDUARDO  
Address: 9888 SW 7 TERRACE  
City-St-Zip: MIAMI, FL 33174

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: LOURDES ARMAS

PD

03/22/2012

Electronic Signature of Signing Officer or Director

Date