

**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



05092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0176882

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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05/13/05-80002-021 150.00

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 expedite 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 9, 2005 305-634-2749

Date

Daytime Phone #