

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 468336

**Entity Name:** TROPICAL EXTERMINATORS OF MIAMI, INC.

**Current Principal Place of Business:**

995 S.W. 69TH AVENUE  
MIAMI, FL 33144

**Current Mailing Address:**

2140 S W 65 AVE  
MIAMI, FL 33155

**FEI Number:** 59-1569736

**Certificate of Status Desired:** No

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

FUENTES, JOSE  
2140 S. W. 65 AVE  
MIAMI, FL 33155 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P-T	Title	S
Name	FUENTES, JOSE A.	Name	FUENTES, ZOILA
Address	2140 SW 65 AVE	Address	2140 S W65 AVE
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33155

*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:** JOSE FUENTES

**P**

**03/11/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date