

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000024927

**FILED**  
**Mar 18, 2014**  
**Secretary of State**  
**CC5284832624**

**Entity Name:** AA NATIVE WILDLIFE & PEST REMOVAL SPECIALISTS CORP

**Current Principal Place of Business:**

220 NE 12 AVE LOT. 155  
HOMESTEAD, FL 33030

**Current Mailing Address:**

6800 SW 40 STREET #112  
MIAMI, FL 33155 US

**FEI Number:** 90-0949603

**Certificate of Status Desired:** Yes

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

WILCOX, GARY  
220 NE 12 AVE LOT.155  
HOMESTEAD, FL 33030 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  
Name ZEQUEIRA - VILLEGAS, REINALDO  
Address 220 NE 12 AVE LOT. 155  
City-State-Zip: HOMESTEAD FL 33030

Title V  
Name STEFFNER, JENNIFER M  
Address 220 NE 12 AVE LOT. 155  
City-State-Zip: HOMESTEAD FL 33030

Title S  
Name COMBARRO, RAUL  
Address 220 NE 12 AVE LOT. 155  
City-State-Zip: HOMESTEAD FL 33030

*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:** REINALDO ZEQUEIRA-VILLEGAS

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03/18/2014

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

\_\_\_\_\_  
Date