

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S12106

Entity Name: OMNI PEST CONTROL INC.

Current Principal Place of Business:

10441 SW 5 STREET
MIAMI, FL 33174

Current Mailing Address:

PO BOX
44-0534
MIAMI, FL 33144-0534

FEI Number: 65-0250348

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

PRESIDENT

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date