

**2023 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

PD

03/03/2023

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

\_\_\_\_\_  
Date