2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: S

Secretary of State **DOCUMENT # 200816** 02-21-2005 90071 015 ***155.00 1. Entity Name ALL STATE EXTERMINATING CO Mailing Address Principal Place of Business 20013736 17050 N W 3RD AVE 17050 N W 3RD AVE N MIAMI BEACH, FL 33169 N MIAMI BEACH, FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02172005 Applied For City & State City & State 4. FEI Number 59-0965702 Not Applicable Country \$8.75 Additional Ζiρ Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BARREY LEUINE LEVINE, BARRY L Street Address (P.O. Box Number is Not Acceptable) 2716 KINSINGTON CIRCLE WESTON, FL 33332 1601 VICTORIA POINTE CIRCLE WESTON 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. FRESIDENT (NOTE: Registered Agent signature required when reinstating) Signature, typed or print name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition ☐ Delete BARRY LEVINE 1607 VICTORIA PENUTE CIRCLE TITLE BARRY, LEVINE NAME NAME STREET ADDRESS STREET ADDRESS 2716 KINSINGTON CIRCLE WESTON, FL 33327 CITY-ST-ZIP WESTON, FL 33332 CITY-ST-ZIP 50 Change ■ Addition TITLE ☐ Delete LINDA CEVINE NAME LEVINE, LINDA NAME 1607 VICTORIA POINTE CIRCLE STREET ADDRESS STREET ADDRESS 2716 KINSINGTON CIRCLE WESTON A 33327 CITY-ST-ZIP WESTON, FL 33332 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TSTLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 execute 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.

FILED

Inesidor 2/11/05 305-652-3205

Feb 21, 2005 8:00 am