2004 FOR PROFIT CORPORATION

Apr 28, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # 338444** 1. Entity Name ALL DADE EXTERMINATORS, INC. Principal Place of Business Mailing Address 13205 SW 137 AVE C/O PLOUCHA, LAWRENCE M, ESQ. **SUITE 123** 1946 TYLER STREET MIAMI, FL 33186 HOLLYWOOD, FL 33022-2088 US No Chg-P CR2E034 (10/03) 04222004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1229009 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAWRENCE M. PLOUCHA, ESQ. DO NOT WRITE ATKINSON, DINER, STONE, BLACK, MANKUTA, PA 1946 TYLER STREET IN THIS SPACE HOLLYWOOD, FL 33022 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE NABUTOVSKY, LEONARD NAME 13205 SW 137 AVE., STE 123 STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP TITLE 000000135262 04/28/04-80052-017 150.00 NABUTOVSKY, ADRIANNE NAME 13205 SW 137 AVE., STE 123 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3000017-911

FILED