
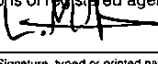



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90072 006 ***150.00

DOCUMENT # 338444			
1. Entity Name ALL DADE EXTERMINATORS, INC.			
Principal Place of Business 13205 SW 137 AVE SUITE 123 MIAMI, FL 33186 US		Mailing Address C/O PLOUCHA, LAWRENCE M, ESQ 1946 TYLER STREET HOLLYWOOD, FL 33022-2088 US	
2. Principal Place of Business		3. Mailing Address 100 S.E. 3rd Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 14th Floor	
City & State		City & State Fort Lauderdale, FL	
Zip	Country	4. FEI Number 59-1229009	Applied For <input type="checkbox"/> Not Applicable
33394	USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LAWRENCE M. PLOUCHA, ESQ. ATKINSON, DINER, STONE, BLACK, MANKUTA, PA 1946 TYLER STREET HOLLYWOOD, FL 33022		7. Name and Address of New Registered Agent Name Lawrence M. Ploucha, Esq. Street Address (P.O. Box Number is Not Acceptable) One Financial Plaza, 14th Floor 100 S.E. 3rd Avenue City Fort Lauderdale State FL Zip 33394	
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. LM PLOUCHA SIGNATURE:  DATE: 4/10/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NABUTOVSKY, LEONARD 13205 SW 137 AVE., STE 123 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NABUTOVSKY, ADRIANNE 13205 SW 137 AVE., STE 123 MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  LEONARD NABUTOVSKY		Date: 4-11-05 Daytime Phone #: 305-257-9111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			