

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 468336

FILED  
Feb 26, 2009  
Secretary of State

**Entity Name:** TROPICAL EXTERMINATORS OF MIAMI, INC.

**Current Principal Place of Business:**

995 S.W. 69TH AVENUE  
BOX 440854  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

995 S.W. 69TH AVENUE  
BOX 440854  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 59-1569736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUENTES, JOSE  
995 S.W. 69TH AVENUE  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

FUENTES, JOSE  
2140 S. W. 65 AVE  
BOX 440854  
MIAMI, FL 33155 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: JOSE FUENTES

02/26/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FUENTES, JOSE A.,  
Address: 2140 SW 65 AVE  
City-St-Zip: MIAMI, FL

Title: ST ( ) Delete  
Name: FUENTES, ZOILA,  
Address: 2140 SW 65 AVE  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FUENTES, JOSE A.,  
Address: 2140 SW 65 AVE  
City-St-Zip: MIAMI, FL 33155

Title: ST (X) Change ( ) Addition  
Name: FUENTES, ZOILA,  
Address: 2140 SW 65 AVE  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOSE FUENTES

PR

02/26/2009

Electronic Signature of Signing Officer or Director

Date