2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

DOCUMENT# F02222

Entity Name: AIM PEST CONTROL, INC.

Current Principal Place of Business:

1650 W. OAKLAND PARK BLVD.
FT LAUDERDALE, FL

New Principal Place of Business:

1650 W. OAKLAND PARK BLVD.
FT LAUDERDALE, FL 33313 US

Current Mailing Address:

P.O. BOX 25052
TAMARAC, FL 33320

New Mailing Address:

FEI Number: 59-2037787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDELSTEIN, MELVIN
3190 NW 93 AVE
SUNRISE, FL 33321 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: EDELSTEIN, MELVIN,
Address: 3190 NW 93 AVE
City-St-Zip: SUNRISE, FL 33351

Title: VS ( ) Delete
Name: EDELSTEIN, CAROLE,
Address: 3190 N W 93 AVE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLE EDELSTEIN VS 01/09/2004

Electronic Signature of Signing Officer or Director Date