PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F02364

1. Corporation Name

Principal Place of Business	Mailing Address
16257 NW 13TH ST PEMBROKE PINES FL 33028 US	16257 NW 13TH ST C/O CARIDAD REYES PEMBROKE PINES FL 33028

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90120 027 ***150.00

SUNSET	EXTERMINATORS, INC.							
					I HERMARA DALI RAKAN DARAN DALIM BER		AL BURN BIRD BY	
Principal Place	of Business	Mailing Address			. I SENISED III EDIIO IIEEN ITIIN BIII	11 B181 B1811 818	*1 61611 61811 61	#11 #1#11 (## 1
16257 NW 13TH	4 ST	16257 NW 13TH ST						
PEMBROKE PINES FL 33028 C/O CARIDAD REYES			~					
US		PEMBROKE PINES FL 33028			DO NOT WRIT	E IN THIS S	SPACE	
	••	US			3. Date Incorporated or Qualifed			
	·				10/20/1980			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		 	olied For
21 16	251 NW 1351	26			59-2038555			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
27					Fee Rec	<u> </u>		
City & State City & State			6. Election Campaign Financing		\$5.00	•		
23 PEM	DIZOKE PINES	28			Trust Fund Contribution		Added to	Fees
Zip	Country	h · — —	Country		8. This corporation owes the curre		ngible □Yes 🏃	⊠ No
24 35W	28 25	29 30			Personal Property Tax. 10. Name and Address of New R			7140
	9. Name and Address of Current	Registered Agent	81	Name			Agur	
DEV	ES, CARIDAD		"	INATITE	CARUDAD TEX ddress (P.O. Box Number is Not Accepta	ES		
	6 SW 2 DR		82	Street A	ddress (P.O. Box Number is Not Accepta	ble)		
	BROKE PINES FL 33027		-	16	257 NW 135T			
PEM	BRUNE PINES PL 33021		83					
	•		84	City	PEMBROKE PINES	~	85 Zip C	ode ,
	,					<u> </u>	1 33	02 - ¥
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	he above	-named c	orporation submits this statement for the ation's board of directors. I hereby accep	purpose of o	:hanging its tment as rec	registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.	ine corpor	ation's board of directors. Thereby accep	t the appoin	unon tas reg	Jistorou
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regs	stered Agen	t signature rec	quired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	DP	☐ DELETE	1.1 TITLE		DP TOUR		Change	Addition
NAME	reyes, jesus		1.2 NAME		JESUS REYES			
STREET ADDRESS	16256 SW 2 DR	i	1.3 STREET	ADDRESS	16257 NW 1357	.		
CITY+ST-ZIP	PEMBROKE PINES FL 33027		1.4 CITY-ST	r-zip	JESUS REYES 16257 NW 13 ST PEMBROKE PINES	FL 33	OZX	
TITLÉ	D	☐ DELETE	2.1 TITLE		Paginan DOVE	(Change	☐ Addition
NAME	REYES, CARIDAD							1
STREET ADDRESS	16256 SW 2 DR		2.2 NAME		CAMDAD REYE	ر		
CITY-ST-ZIP			2.2 NAME 2.3 STREET	ADDRESS	162 5 7 NW 135) T _		
				,	16237 NW135	t Es F L	330	20
TITLE	PEMBROKE PINES FL 33027		2.3 STREET	,	162\$7 NW135 PEMBILOKE PIN	it Es #L	- 3300 ☐ Change	2 <i>Q</i> ☐ Addition
TITLE NAME		☐ DELETE	2.3 STREET 2.4 CITY-S	,	162\$7 NW 135 PEMBILOKE PIN	s es es	- <i>33.0</i> : □ Change	2
NAME		☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE	T-ZIP	162\$7 NW 135 PEMBROKE PIN	s t Es E L	- 330 : □ Change	2
NAME STREET ADDRESS		☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADORESS	162\$7 NW 135 PEMBROKE PIN	es H	- 330; ☐ Change	Z Q ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADORESS	162\$7 NW 135 PEMBROKE PIN	s it is #2	- 33.0 Change	Z Q Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE	ADORESS	162\$7 NW 135 PEMBROKE PIN	S FS #L	Change	Addition (
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY-S 4.1 TITLE 4.2 NAME	T-ZIP ADORESS T-ZIP	162\$7 NW 133 PEMBROKE PINI	es e s	Change	Addition (
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS ADDRESS	162\$7 NW 133 PEMBROKE PIN	es #	Change	Addition (
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS ADDRESS	162\$7 NW 133 PEMBROKE PIN	ES #	Change	Addition (
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS ADDRESS	162 3 7 NW 133 PEMBROKE PIN	S FS BY	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	162 3 7 NW 133 PEMBROKE PIN	S FS BY	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T. ZIP ADDRESS T. ZIP ADDRESS T- ZIP	162 3 7 NW 133 PEMBROKE PIN	T ES BL	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES FL 33027	☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.4 CITY-S	T. ZIP ADDRESS T. ZIP ADDRESS T- ZIP	16237 NW 133 PEMBROKE PIN	T S ST	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PEMBROKE PINES FL 33027	☐ DELETE ☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	T. ZIP ADDRESS T. ZIP ADDRESS T- ZIP	162 3 7 NW 133 PEMBROKE PIN	ES BL	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEMBROKE PINES FL 33027	☐ DELETE ☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP ADDRESS T. ZIP	162 3 7 NW 133 PEMBROKE PIN	T S S	☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	PEMBROKE PINES FL 33027	☐ DELETE	2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	T.ZIP ADDRESS T.ZIP ADDRESS T.ZIP ADDRESS T.ZIP	162 3 7 NW 133 PEMBILOKE PIN	T SE	☐ Change	Addition Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. 是据Jedle Fran

SIGNATURE: 👱

WATER PRESENTED OF PRINTED OF PRINTED NAME OF SUSTING OFFICER OR DIRECTOR