


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G34813</b> 1. Entity Name A-SMASH PEST CONTROL, INC.	
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Principal Place of Business % JULIO PEREZ 4512 N.W. 204TH STREET MIAMI, FL 33055-1247	Mailing Address % JULIO PEREZ 4512 N.W. 204TH STREET MIAMI, FL 33055-1247
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**DO NOT WRITE IN THIS SPACE**

04232006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2290702</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, JULIO A.  
4512 N.W. 204TH STREET  
MIAMI, FL 33055

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

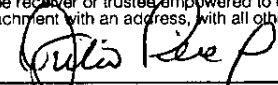
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000562553 05/19/06-80061-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD PEREZ, JULIO 4512 N.W. 204TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, ADRIAN 7890 NW 171ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEREZ, BRYAN 18928 NW 77TH PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4/28/06 3W-6M-1765**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #