

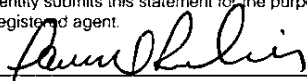
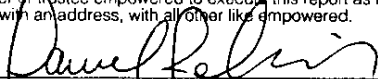


FILED
May 01, 2008 8:00 am
Secretary of State

40050000

DOCUMENT # M50835 1. Entity Name RODI PEST CONTROL EXPERTS, INC.				Secretary of State 05-01-2008 90215 047 ***150.00	
Principal Place of Business 9745 SUNSET DR SUITE 114F MIAMI, FL 33173-4620		Mailing Address 9745 SUNSET DR SUITE 114 F MIAMI, FL 33173-4620 US			
2. Principal Place of Business - No P.O. Box # 10300 SUNSET DR.		3. Mailing Address 10300 SUNSET DR.		03102008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. SUITE 261 D		Suite, Apt. #, etc. SUITE 261 D		4. FEI Number 65-0012697	
City & State MIAMI		City & State MIAMI		Applied For Not Applicable	
Zip 33173	Country MIAMI - 0A0G	Zip 33173	Country MIAMI - 0A0G	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, DANIEL R 9745 SUNSET DR SUITE 114 F MIAMI, FL 33173-4620				7. Name and Address of New Registered Agent Name RODRIGUEZ, DANIEL R. Street Address (P.O. Box Number is Not Acceptable) 10300 SUNSET DR. SUITE 261 D City MIAMI FL Zip Code 33173	
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  DATE 3/10/08 <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, 2008 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 RODRIGUEZ, DANIEL R 9745 SUNSET DR SUITE 114 F MIAMI, FL 331734620 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RODRIGUEZ, DANIEL R. 10300 SUNSET DR. - SUITE 261 D MIAMI FL 33173-3014 <input checked="" 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		
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		
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		
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		
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		
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:  DATE 3/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					