2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)				Mar 14, 2007 8:00 am
DOCUMENT # M52277  1. Enlity Name THE FLY BUSTERS, INC.		Pau ( S		Secretary of State 03-14-2007 90029 006 ***150.00
20925 SW 248TH ST. 20925 SV		Mailing Address 20925 SW 248TH ST. HOMESTEAD FL 3303 US	1	
	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, alc. 30906 SW 234 th st		Suite, Apt. #, etc. SAMe ·		1st MOORE CR2E034 (10/06)
	STEAD TC	City & State		4. FEI Number 59-2805997 Applied For Not Applicable
330:	. , , , , , , , , , , , , , , , , , , ,	Zíp	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
				7. Name and Address of New Registered Agent  DRGE HERNANDE2  ess (P.O. Box Number is Not Acceptable)
14117			Gib 11	MESTEAD FL Zip Code 3303/
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 OBJECT OF DRIVED IN DESCRIPTION OF THE PROPERTY OF T				
FILE NOW!!! PEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, JORGE 20925 SW 248TH ST. HOMESTEAD FL 33031	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	SD HERNANDEZ, NANCY 20925 SW 248TH ST. HOMESTEAD FL 33031	☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		Defete	TITLE NAME STREET ADDRESS CITY OF ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleie	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-SI-2IP		☐ Delete	INTLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19, 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11				