FILED 2008 FOR PROFIT CORPORATION ANNUAL REPORT Feb 01, 2008 08:00 Al

DOCUMENT # P0000012946 1. Entity Name U.S.D.A. QUARANTINE FUMIGATION SERVICES, INC.				Secretary of State			
Principal Place 4035 S.W. 98 MIAMI, FL 33	8 AVENUE	Mailing Address 4035 S.W. 98 AVENUE MIAMI, FL 33165			a nk sa ki so ki so ki s e	1 88/31	ENI ANGRE ANNAN IN PAGN
	O NOT WRITE	and a simple	01082008 No Chg-P CR2E034 (11/05)				
	O NO I WALLE	IN I III S S A	UE MIN	4. FEI Number 59-1904			Applied For Not Applicable
, ,					of Status Desired	□ \$8	3.75 Additional e Required
6. Name and Address of Current Registered Agent				, ,	,		e required
NAPOLES, ALEXANDER E 4035 S.W. 98 AVENUE MIAMI, FL 33165					NOT W		erice of the control
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 Signature, typed or printed name of registered agent and title d applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan		.00 May Be ed to Fees			o e
10.	OFFICERS AND DI	RECTORS		对版。 经验费	建热点温度		
NAME STREET ADDRESS CITY-ST-ZIP	PSD NAPOLES, ALEXANDER E 4035 S.W. 98 AVENUE MIAMI, FL 33165						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		U000008 02/08/08-8	09963 0044-01 <u>6</u>	150.100
11TLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	10#17/10 10#17/10 10#17/10
TITLE NAME STREET ADDRESS			al to m	IN T	THIS SF	PACE	

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CHY-ST-ZIP TITLE

TED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08