

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90200 040 ***150.00

DOCUMENT # P00000047282					
1. Entity Name A. BETTER AIM SEPTIC, INC.					
Principal Place of Business 18495 S. DIXIE HIGHWAY SUITE 145 MIAMI, FL 33157			Mailing Address 18495 S. DIXIE HIGHWAY SUITE 145 MIAMI, FL 33157		
2. Principal Place of Business		3. Mailing Address 9010 SW 137th Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 113			
City & State		City & State Miami, Fl.		4. FEI Number 65-1008599	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33186		Country U.S.A.		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROSARIO, ANTONIA 9601 MEMORIAL ROAD MIAMI, FL 33187			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 rechartering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD ROSARIO, ANGEL 9601 MEMORIAL ROAD MIAMI, FL 33187		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSARIO, ANTONIA 9601 MEMORIAL ROAD MIAMI, FL 33187		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 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: _____			4-23-05 305 969-8838		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		