


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000033628</b> 1. Entity Name INTERNATIONAL PEST MANAGEMENT, INC.	
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Principal Place of Business 4924 DEWY ROSE COURT TAMPA, FL 33624	Mailing Address 4924 DEWY ROSE COURT TAMPA, FL 33624
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03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 16-6548910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  RODRIGUEZ, RUBEN 4924 DEWY ROSE COURT TAMPA, FL 33624
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**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 resetting) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, RUBEN 4924 DEURAY ROSE CT TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MIDIAM 1603 33RD AVE E TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, THOMAS 1603 33RD AVE E TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, BEATRIZ 4924 DEWEY ROSE CT TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/06/07-80027-021 150.00

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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: Robert Rodriguez, President 3/27/07 813-962-0210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #