

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087298

Entity Name: HOME CARE PEST CONTROL INC

FILED
Jun 29, 2006
Secretary of State

Current Principal Place of Business:

165 NW 95 N STREET
#790
MIAMI, FL 33150

New Principal Place of Business:

165 NW 95 STREET
#790
MIAMI, FL 33150

Current Mailing Address:

12555 BISCAYNE BLVD. #709
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: 56-1121573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APONTE, DAVID
12555 BISCAYNE BLVD., #790
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: APONTE, DAVID
Address: 12555 BISCAYNE BLVD. #709
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID APONTE

Electronic Signature of Signing Officer or Director

OWNE

06/29/2006

Date