

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000089651

FILED
Jan 07, 2008
Secretary of State

Entity Name: MIAMI DADE EXTERMINATORS CO.

Current Principal Place of Business:

14792 SW 155 PLACE
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

14792 SW 155 PLACE
MIAMI, FL 33196

New Mailing Address:

FEI Number: 20-1224704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, EDALGIO
14792 SW 155 PLACE
MIAMI, FL 33196 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: PEREZ, EDALGIO
Address: 14792 SW 155 PLACE
City-St-Zip: MIAMI, FL 33196

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PSTD () Change (X) Addition
Name: PEREZ, EDALGIO
Address: PO BOX 650855
City-St-Zip: MIAMI, FL 33265

I hereby certify that the information supplied with this filing does not qualify 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: EDALGIO PEREZ

PSTD

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date