


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90186 047 ***150.00

DOCUMENT # P04000099527

1. Entity Name
CALIBER PEST CONTROL SOLUTIONS INCORPORATED



Principal Place of Business
**888 W 47TH STREET
 MIAMI BEACH, FL 33140**

Mailing Address
**888 W 47TH STREET
 MIAMI BEACH, FL 33140**

2. Principal Place of Business
9800 NW 7 AVE

3. Mailing Address
P.O. BOX 402481

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI BEACH, FL

Zip
33150 Country
MIAMI DADE

Zip
33140 Country
MIAMI DADE



01102006 Chg-P CR2E034 (11/05)

4. FEI Number
76-0763509

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GONZALEZ, JUAN J
 888 W 47TH STREET
 MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent
 Name **JUAN J. GONZALEZ**
 Street Address (P.O. Box Number is Not Acceptable)
2220 CALAIS DR. APT# 2
 City **MIAMI BEACH** FL Zip Code **33141**

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 *Juan J. Gonzalez* DATE **1/10/06**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | P GONZALEZ, JUAN J 888 W 47TH STREET MIAMI BEACH, FL 33140 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | P GONZALEZ, JUAN J 2220 CALAIS DR. #2 MIAMI BEACH, FL 33141 |
| | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V OKUR, LORRAINE R 888 W 47TH STREET MIAMI BEACH, FL 33140 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GONZALEZ, EGIDIO E 150 ALTON ROAD #414 MIAMI BEACH, FL 33139 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Juan J. Gonzalez* DATE **1/10/06** (305) 796 4619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR