FILED Apr 23, 2007 8:00 am Secretary of State

2007 FQ	K PROFII GURPUKATION
	ANNUAL REPORT

ANNUAL REPURI					Secretary or State				
1. Entity Nan	MENT # P04000099 PESTMENTS, INC.	774					7 90057 007 ***15		
Principal Plac	ce of Business	Mailing Address			400	74020			
1	TREASURE DR	7601 EAST TREASURE D	R		400	14000			
# 2024	meroone on	# 2024	11						
NORTH BAY	AY VILLAGE, FL 33141 NORTH BAY VILLAGE, FL 33141								
2. Principal F	Plage of Business - No P.O. Box # 3. Mailing Address								
1658	BAY ROAD 1658 BAY ROAD				1 10001001111		tis maria amila raile lanii lance dif	001 120	
Suite, Apt.	#, etc. 7. 5 0/	Suite, Apt. #, etc.	•		03162007	Chg-P	CR2E034 (12/06)		
City & Stat	<u> </u>	City & State			4. FEI Numb	er20-14-65	2204 A	plied For	
MIAM	I BEACH FLORIDA	MIAMI BETC		21 <i>DA</i>	NOT AF	PLICABLE	No	t Applicable	
^{Zip} 33/3	9 Country USA	^{Zip} 33/39	Country USA		5. Certificate	of Status Desired	\$8.75 Add Fee Regulre		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New I	Registered Agent		
0011117	POOLELLE		Name	DA N	MIFLL	TA W	41117		
	, ROCHELLE T TREASURE DRIVE, # 2024		Street	Street Address (P.O. Box Number is Not Acceptable)					
NORTH B	AY VILLAGE, FL 33141		1.0		01.10	0.4.0			
			165	581	<u> 247 KU</u>	DAD-HI	1,501		
			Ci y n	AM 1	BEAC	:H	FL 꽃옃	139	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office	or register	ed agent, or bo	th, in the State of FI	orida. I am familiar with,	and accept	
the obligat	tions of registered agent.					./	// /		
SIGNATURE	Munule Tolan	& DANNIEW	E 5.	SCHI	MLTZ.	PT 4	118/07		
0	Signature, typed or printed hame of registered agent a	nd the if applicable. (NOTE: F	Registered Agent sign	ature required	(when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees									
	ay 1, 2007 Fee will be \$550.0	io i i dati dila sonoli		- Au	eu (0 1 6e3				
10.	OFFICERS AND I		11.		ADDITIONS,	CHANGES TO OFF	FICERS AND DIRECTORS		
TITLE NAME	SCHULTZ, ARTHUR J	Delete	TITLE NAME				Change	☐ Addition	
			STREET ADDRESS						
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 3314		CITY-ST-ZIP						
TITLE	Р	Delete	TITLE				☐ Change	Addition	
NAME	SCHULTZ, ROCHELLE	V	NAME						
STREET ADDRESS	7601 EAST TREASURE DRIVE,		STREET ADDRESS						
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 3314		CITY-ST-ZIP						
TITLE	VP SCHULTZ, DANNIELLE	☐ Delete	TITLE	P	1		Change	Addition	
STREET ADDRESS	1658 BAY RD SUITE 501		NAME STREET ADDRESS	10/	/ /-				
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	1			Change	Addition	
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	-		-			
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CMY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME EXPECT ADDRESS			NAME						
STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
	Eertify that the information supplied with	this filling does not qualify for	1	containes	Lin Chapter 110	Florida Statute	further gorib, that the !-	oformatics.	
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 his 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 aduless, with all other like empowered.									
SIGNATURE NO LANGUE WAS CONTROLLED ON ALLEGE CONTROLLED OF 11/W/OF									
SIGNATURE: MANUEL SIGNATURE AND TYPED OR PRINTED BANK OF SIGNATURE OR DIRECTOR DATE (1964) LICE SPANNING OF SIGNATURE AND TYPED OR PRINTED BANK OF SIGNATURE OR DIRECTOR									