


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90021 005 ***158.75

DOCUMENT # P05000117976	
1. Entity Name MIKE A PEST QUALITY CORP.	

Principal Place of Business 10425 NW 7TH STREET PEMBROKE PINES, FL 33026	Mailing Address 10425 NW 7TH STREET PEMBROKE PINES, FL 33026
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2. Principal Place of Business 3451 SW 171st Terrace	3. Mailing Address 3451 SW 171st Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIRAMAR FL.	City & State MIRAMAR FL
Zip 33027	Zip 33027
Country USA	Country USA

40098170

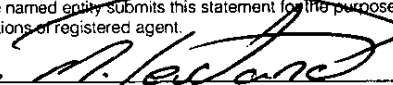


07062006 Chg-P CR2E034 (11/05)

4. FEI Number 20.3376420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PESTANA, MICHAEL A 10425 NW 7TH AVENUE PEMBROKE PINES, FL 33026	7. Name and Address of New Registered Agent Name PESTANA, Michael A Street Address (P.O. Box Number is Not Acceptable) 3451 SW 171st TERRACE City MIRAMAR FL Zip Code 33027
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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.

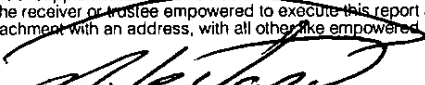
SIGNATURE:  DATE: **7/6/06**

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

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PESTANA, MICHAEL A 10425 NW 7TH STREET PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D PESTANA, Michael A 3451 SW 171st TERRACE MIRAMAR, FL 33027 <input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **Michael A. Pestana, president** 7/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #