

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125259

Entity Name: EVICTION SPECILIST INC.

FILED  
Mar 15, 2006  
Secretary of State

**Current Principal Place of Business:**

2420 NW 170 TERRANCE  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

2420 NW 170 TERRANCE  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

FEI Number: 42-1679729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSH, JAMES  
2420 NW 170 TERRANCE  
MIAMI GARDENS, FL 33056 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: DP ( ) Delete  
Name: BUSH, JAMES  
Address: 2420 NW 170 TERRANCE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: DST ( ) Delete  
Name: JORDAN, JOHNNIE  
Address: 2420 NW 170 TERRANCE  
City-St-Zip: MIAMI GARDENS, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JAMES BUSH

DP

03/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date