

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P06000002170 1. Entity Name 1-866-JUNK-BE-GONE CORP / BROWARD	
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Principal Place of Business 3500 NW 51 STREET MIAMI, FL 33142	Mailing Address 3500 NW 51 STREET MIAMI, FL 33142
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DO NOT WRITE IN THIS SPACE

03272008 No Chg-P CR2E034 (11/05)

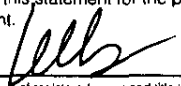
4. FEI Number 20-4111262	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSTAMANTE, JORGE L
360 PAYNE DRIVE
MIAMI SPRING, FL 33166

**DO NOT WRITE
IN THIS SPACE**

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 4/1/08

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

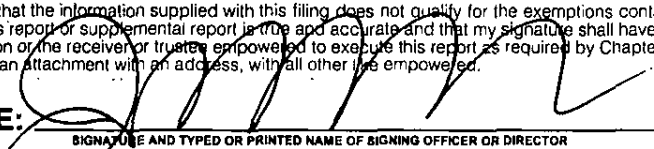
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000221714 04/16/08-80012-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BUSTAMANTE, RODOLFO 3500 NW 51 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUSTAMANTE, JORGE L 360 PAYNE DRIVE MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSTAMANTE, JORGE M 3500 NW 51 STREET MIAMI, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 fees empowered.

SIGNATURE:  DATE 4/01/08 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR