

2007 FOR PROFIT CORPORATION ANNUAL REPORT


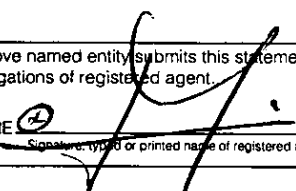
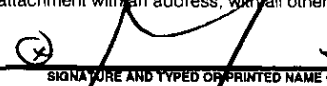
FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90016 002 ***158.75

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03152007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000010233			
1. Entity Name DUST BUSTERS OF MARGATE, INC			
Principal Place of Business 3190 HOLIDAY SPRING BLVD BLDG 4 208 MARGATE, FL 33063 00		Mailing Address 3190 HOLIDAY SPRING BLVD BLDG 4 208 MARGATE, FL 33063 00	
2. Principal Place of Business - No P.O. Box # 3190 Holiday Springs Blvd		3. Mailing Address 3190 Holiday Springs Blvd.	
Suite, Apt. #, etc. Blkg 4 Apt. 208		Suite, Apt. #, etc. Blkg 4 #208	
City & State Margate, FL		City & State Margate, FL	
Zip 33063	Country USA	Zip 33063	Country USA
4. FEI Number 20-4150725		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUJILLO, MARCO A 3190 HOLIDAY SPRING BLVD, BLDG 4 208 MARGATE, FL 33306-3		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  (NOTE: Registered Agent signature required when reinstating) DATE 03-27-07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 TRUJILLO, MARCO A 3190 HOLIDAY SPRING BLVD, BLDG 4 SUITE 208 MARGATE, FL 33063 <input 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	VP ANAZCO, ROSA 3190 HOLIDAY SPRING BLVD, BLDG 4 SUITE 208 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 03-27-07 Daytime Phone #	