

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066829

FILED  
May 05, 2009  
Secretary of State

Entity Name: KNOCKED OUT PEST CONTROL INC.

**Current Principal Place of Business:**

11835 S.W. 3RD STREET  
MIAMI, FL 33184

**New Principal Place of Business:**

**Current Mailing Address:**

11835 S.W. 3RD STREET  
MIAMI, FL 33184

**New Mailing Address:**

FEI Number: 65-0653566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONZON, LAUREANO  
11835 S.W. 3RD STREET  
MIAMI, FL 33184 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MONZON, LAUREANO  
Address: 11835 S.W. 3RD STREET  
City-St-Zip: MIAMI, FL 33184

Title: VD ( ) Delete  
Name: MONZON, MERCEDES  
Address: 11835 S.W. 3RD STREET  
City-St-Zip: MIAMI, FL 33184

Title: T ( ) Delete  
Name: VARELA, IVAN R T  
Address: 11835 S.W. 3 STREET  
City-St-Zip: MIAMI, FL 33184

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

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

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 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: LAUREANO MONZON

PD

05/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date