

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002591

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: DR. DEATH PEST CONTROL INC.

## Current Principal Place of Business:

15429 SW 151ST TERRACE  
MIAMI, FL 33196

## New Principal Place of Business:

2423 S.W. 147 AVENUE  
111  
MIAMI, FL 33185

## Current Mailing Address:

P.O. BOX 832023  
MIAMI, FL 33283

## New Mailing Address:

2423 S.W. 147 AVENUE  
111  
MIAMI, FL 33185

FEI Number: 22-3951391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

RUIZ, MARIELENA  
2423 S.W. 147 AVENUE  
111  
MIAMI, FL 33185 US

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: MARIELENA RUIZ

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: RUIZ, ALEXANDER  
Address: 15429 SW 151ST TERRACE  
City-St-Zip: MIAMI, FL 33196

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: RUIZ, ALEXANDER  
Address: 2423 SW 147 AVENUE, UNIT 111  
City-St-Zip: MIAMI, FL 33185

Title: VPSD ( ) Change (X) Addition  
Name: RUIZ, MARIELENA  
Address: 2423 SW 147 AVENUE, UNIT 111  
City-St-Zip: MIAMI, FL 33185

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: MARIELENA RUIZ

VPSD

04/20/2009

Electronic Signature of Signing Officer or Director

Date