

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000002591

**FILED**  
**Apr 29, 2009**  
**Secretary of State****Entity Name:** DR. DEATH PEST CONTROL INC.**Current Principal Place of Business:**2423 S.W. 147 AVENUE  
111  
MIAMI, FL 33185**New Principal Place of Business:**15579 SW 182 LANE  
MIAMI, FL 33177**Current Mailing Address:**2423 S.W. 147 AVENUE  
111  
MIAMI, FL 33185**New Mailing Address:**15579 SW 182 LANE  
MIAMI, FL 33177**FEI Number:** 22-3951391**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RUIZ, MARIELENA  
2423 S.W. 147 AVENUE  
111  
MIAMI, FL 33185 US**Name and Address of New Registered Agent:**RUIZ, ALEXANDER  
15579 SW 182 LANE  
MIAMI, FL 33177 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: ALEXANDER RUIZ

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PTD ( ) Delete  
**Name:** RUIZ, ALEXANDER  
**Address:** 2423 SW 147 AVENUE, UNIT 111  
**City-St-Zip:** MIAMI, FL 33185**Title:** VPSD (X) Delete  
**Name:** RUIZ, MARIELENA  
**Address:** 2423 SW 147 AVENUE, UNIT 111  
**City-St-Zip:** MIAMI, FL 33185**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PVTD (X) Change ( ) Addition  
**Name:** RUIZ, ALEXANDER  
**Address:** 15579 SW 182 LANE  
**City-St-Zip:** MIAMI, FL 33177**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: ALEXANDER RUIZ

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date