

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000104041

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA MOSQUITO MAGNET, INC.

## Current Principal Place of Business:

89351 OLD HIGHWAY  
TAVERNIER, FL 33070

## New Principal Place of Business:

34600SW193 AVE  
FLORIDA CITY, FL 33034

## Current Mailing Address:

89351 OLD HIGHWAY  
TAVERNIER, FL 33070

## New Mailing Address:

34600SW193 AVE  
FLORIDA CITY, FL 33034

FEI Number: 26-0634471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HYSZCZAK, PETER L  
89351 OLD HIGHWAY  
TAVERNIER, FL 33070 US

## Name and Address of New Registered Agent:

HYSZCZAK, PETER L  
34600 SW 193 AVE  
MIAMI, FL 33034 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:

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HYSZCZAK, PETER L  
Address: P.O.BOX 343584  
City-St-Zip: HOMESTEAD, FL 33034

Title: TD (X) Delete  
Name: LENARD, THOMAS A  
Address: 89351 OLD HIGHWAY  
City-St-Zip: TAVERNIER, FL 33070

Title: SD (X) Delete  
Name: WASS, EDWARD  
Address: 1042 ADAMS AVENUE, UNIT C  
City-St-Zip: HOMESTEAD, FL 33034

## 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: PETER HYSZCZAK

P.D.

02/06/2009

Electronic Signature of Signing Officer or Director

Date