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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000048924

1. Corporation Name

Principal Place of Business

ROACH BUSTERS BUG KILLERS, INC.

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be	4441 S.W. 13TH TERRACE Miami FL 33134 US		4441 S.W. 13TH TERRACE Miami FL 33134 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/27/1994	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Try State Try Try Trust Fund Contribution Fee Required Fee Required Fee Required Fee Required St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution St. 90 May Be Added to Fees Trust Fund Contribution Trust Fund Fund Fund Fund Fund Fund Fund Fund	2. Principal Place of Business 2a. Mailing Address						
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25	City & Stat	e .					
10. Name and Address of New Registered Agent LOPEZ, PEDRO A JR. 4441 S.W. 13TH TERRACE MIAMI FL 33134 10. Name and Address of New Registered Agent Solve and Address of New Registered Agent Solv			<u> </u>	ountry			
LOPEZ, PEDRO A JR. 4441 S.W. 13TH TERRACE MIAMI FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 Internation to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Ephorica. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar vijb, and accept the polyphens of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar vijb, and accept the opporations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar vijb, and accept the opporation of the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar vijb, and accept the opporation of statutes. 91	,		nt Registered Agent	Ĭ.		10. Name and Address of New Registered Agent	
### STREET ADDRESS ### CITY ### PACKAGE MIAMI FL 33134 ### City ### B8 Zip Code ### City ### City ### B8 Zip Code ### C				81	Name		
11. Pursuant to the provisions of Sections 607.0502/and/607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Diorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the polysidens of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LOPEZ, PEDRO A JR. 12 NAME STREET ADDRESS 441 S.W. 13TH TERRACE 13 STREET ADDRESS MIAMI FL 33134 14 CITY-ST-ZP DELETE 2: TITLE Change Addition NAME STREET ADDRESS 22 NAME 22 NAME 33 STREET ADDRESS 33 CITY-ST-ZP TITLE DELETE 3: TITLE Change Addition NAME STREET ADDRESS 34 CITY-ST-ZP TITLE DELETE 3: TITLE Change Addition NAME STREET ADDRESS 34 CITY-ST-ZP TITLE DELETE 4: TITLE Change Addition NAME STREET ADDRESS 34 CITY-ST-ZP TITLE DELETE 4: TITLE Change Addition NAME STREET ADDRESS 35 STREE				82	Street	t Address (P.O. Box Number is Not Acceptable)	
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STREET ADDRESS	f			TITLE		☐ Change ☐ Addition	
STREET ADDRESS	NAME	LOPEZ, PEDRO A JR.	1.21	NAME			
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NAME STREET ADDRESS 6.3 STREET ADDRESS			■ 0.2	NAME			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurage 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered. SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

CR2E034 (11/98)