2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 16, 2004 8:00 am Secretary of State DOCUMENT # P96000012807 1. Entity Name 02-16-2004 90053 038 ***150.00 PELFER EXTERMINATORS, CORP. Mailing Address Principal Place of Business 3391 SW 129 AVENUE MIAMI FL 33175 3391 SW 129 AVENUE MIAMI FL 33175 94015268 3. Mailing Address 2. Principal Place of Business Suite. Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0639418 Not Applicable \$8.75 Additional Ζiρ Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALONGO, ANGELIO Street Address (P.O. Box Number is Not Acceptable) 3391 SW 129 AVE **MIAMI FL 33175** City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE RAFAEL L. BEBUSTILLO TITLE ☐ Delete NAME ALONSO, ANGELIO NAME 192495W118PL STREET ADDRESS 3391 SW 129 AVENUE STREET ADDRESS MIAMI FL. 30177 JUAN DE LOS SANTOS Change 124205W 19057 MIAMI FL 33175 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ROMERO, RUBEN NAME NAME 932 NW 5TH ST STREET ADDRESS MIAMI, FL. 33177 STREET ADDRESS CITY-ST-ZIP MIAMI FL 32128 CITY-ST-ZIP PASCUAL DORESTE Addition ☐ Delete TITLE TITLE 16330 50 104 AUE MIAMI, FL 33154 NAME --NAME ROMERO: ANGEL L STREET ADDRESS 15220 DURNFOR DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33104 GUIMELL DORESTE 15897 SW1415T Change Addition ☐ Delete TITLE TITLE LLEONART, VICTOR NAME 9921 NW 26TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL. 33196 MIAMI FL 33172 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition PEREZ, ANDRES A NAME NAME 5875 W 20TH AVE APT 209 STREET ADDRESS STREET ADDRESS HIALEAH FL 33018 CITY-ST-ZIP CITY-ST-ZIP [7] Chance Addition TITLE ☐ Delete TITLE PEREZ, JOSE I NAME NAME 5700 SW 127TH AVE APT 1105 STREET ADDRESS STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental report is true and accurate 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 10 or Block 11 if

SIGNATURE:

FILED