

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000012807

1. Entity Name

PELFER EXTERMINATORS, CORP.



Principal Place of Business
3391 SW 129 AVENUE
MIAMI FL 33175

Mailing Address
3391 SW 129 AVENUE
MIAMI FL 33175



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0639418**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALONGO, ANGELIO
3391 SW 129 AVE
MIAMI FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ALONSO, ANGELIO**
STREET ADDRESS **3391 SW 129 AVENUE**
CITY- ST- ZIP **MIAMI FL 33175**

TITLE **V** ☐ Delete
NAME **ROMERO, RUBEN**
STREET ADDRESS **932 NW 5TH ST**
CITY- ST- ZIP **MIAMI FL 32128**

TITLE **V** ☐ Delete
NAME **ROMERO, ANGEL L**
STREET ADDRESS **15220 DURNFOR DR**
CITY- ST- ZIP **MIAMI LAKES FL 33104**

TITLE **V** ☐ Delete
NAME **PEREZ, ANDRES A**
STREET ADDRESS **5875 W 20TH AVE APT 209**
CITY- ST- ZIP **HIALEAH FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U000000610083**
CITY- ST- ZIP **02/02/07-80007-024 150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Angelio Alonso*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07

Date

Daytime Phone #