

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000059848**

1. Entity Name

ALL PEST CONTROL SERVICE INC.



Principal Place of Business

6854 W. FLAGLER ST.  
MIAMI, FL 33144

Mailing Address

P.O. BOX 527263  
MIAMI, FL 33152 US



05072004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0710420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ALONSO, GILBERTO  
6854 W. FLAGLER ST.  
MIAMI, FL 33144

**DO NOT WRITE  
IN THIS SPACE**

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ALONSO, GILBERTO  
6854 W. FLAGLER ST.  
MIAMI, FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000161590  
05/27/04-80002-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #