## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AM Secretary of State

<del></del>				<del>,                                     </del>	7	Secre	ciary of St	ate
DOCUMENT # P97000023305  1. Entity Name MIAMI NICE PEST CONTROL, INC.								
Principal Plac	Mailing Address	<u>-</u> -		7				
1680 NW 121ST ST N. MIAMI, FL 33167		1680 NW 121ST ST N. MIAMI, FL 33167						
						<b>                                    </b>		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042006	Chg-P	CR2E034 (11/05)	
City & State		City & State			4. FEI Number 65-0736		<del></del>	oplied For
Zip	Country	Zip	Cour	ntry	<u> </u>	of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New Re	gistered Agent	
1010DOM	IFOUR D			Name				
1SIDRON, JESUS R 1680 NW 121ST ST MIAMI, FL 33167			-	Street Address	(P.O. Box Number	r is Not Acceptable	3	
				City			FL Zip Cod	9
8. The above	a named entity submits this statement	for the purpose of changing its	register	ed office or registe	red agent, or both	, in the State of Flor	ida. I am lamiliar with,	and accept
(the obligations of registered agent).  SIGNATURE								
<b></b>	Sprillure, typed or printed hame of segmented ager	INDI	E. Registere	ed Agent signature require	ed when teinstalling)		DAYE	
F(L After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campa Trust Fund Com			i.00 May Be ded to Fees			
10.	OFFICERS AND	O DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	P	☐ Deleto	រោប				Chango	Addition
NAMC STREET ADDRESS	ISIDRON, JESUS R		NAM	re Let aduress				
CITY-ST-ZIP	N. MIAMI, FL 33167		4	-S1-21P				
TITLE		☐ Detete	TITE	ε -		Litter	105287 <b>F3<sup>change</sup></b>	☐ Addition
HAME	}		NAM	re }		00,000 / OC	39.0526773 6-80048-020	_ 150.00
STREET ADDRESS	}			LET ADDRESS		nov nov n:	0_90040_050	מט י מכיז
CITY-ST-ZIP	<u> </u>			ST-ZIP	<del></del>			☐ Addition
NAME		Deleta	TITL NAM	. }			☐ Change	וופטונטטא []
STREET ADDRESS			•	ET ADDRESS				
CCTY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	mu	5			Change	🗌 Addillan
name Street address			NAM SZRZ	R: Let address				
CXTY-ST-ZIP			•	-ST-2119				
TITLE		☐ Delete	Title	ŧ			☐ Change	☐ Addition
NAME			NAM	- :				
STREET ADDRESS CITY-ST-ZIP			5	ET ADURESS -ST-ZIP				
TITLE	<del>                                     </del>	☐ Deletio	TSTU				☐ Change	
MAME		מומושע בייו	NAM	3			டி வளிச	
STREET ADDRESS			SIRE	ET ADDRESS				
CITY-ST-ZIP	<u> </u>			-ST-ZIP	· ,,			
12. Thereby indicated of the cor	cently that the information supplied will can this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an address	It this filing does not qualify for is true and accurate and that of powered to execute this report	or the ex- πy signa as requi	emptions containe ture shall have the ired by Chapter 60	d in Chapter 119, same legal effect 7, Florida Statutes	Florida Statutes, I t as if made under o ; and that my name	further certify that the it ath; that I am an officer appears in Block 10 o	nformation or director r Block 11 if
ហាណមួមប	· v. v. an analyman an anadress.	י"ייייי מו המינים פעיני ושימה מוש הייייי"			,	/ /	. ZAC	