02221999-90125-035-$150.00-$150.00

# FILED
# Feb 22, 1999 8:00 am
# Secretary of State
02-22-1999 90125 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000000275**

1. Corporation Name
SUNSHINE PEST CONTROL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~8665 SW 152 AVE #133~~<br>~~MIAMI FL 33193~~<br>Sunshine Pest control, Inc.<br>2729 N.W. 79 AVE<br>Miami, Fl 33122 | ~~8665 SW 152 AVE #133~~ Sunshine Pest control, Inc.<br>~~MIAMI FL 33193~~ P.O. Box 924249<br>Homestead, Fl 33092-4249 |

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 2729 N.W. 79 Ave | 2a. Mailing Address<br>26 Sunshine Pest Control, Inc. | 3. Date Incorporated or Qualified<br>01/02/1998 | |
| Suite, Apt. #, etc.<br>22 Miami Florida | Suite, Apt. #, etc.<br>27 P.O. Box 924249 | 4. FEI Number<br>65-0821888 | ☐ Applied For<br>☐ Not Applicable |
| City & State<br>23 33122 U.S.A. | City & State<br>28 Homestead, Florida | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 33092 / 30 U.S.A. | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| | | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| VALIENTE, ROBERTO ← Home<br>8665 SW 152 AVE #133<br>MIAMI FL 33193 | 81 Name: Valiente, Roberto<br>82 Street Address (P.O. Box Number is Not Acceptable): 2729 N.W. 79 Ave<br>83 Miami<br>84 City: FL 85 Zip Code: 33122 |

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 Florida. 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Roberto Valiente — 01/07/1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President & Mailing<br>Roberto Valiente<br>P.O Box 924249<br>Homestead, Fl 33092-4249 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (11/98)

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 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 12 or Block 13 if changed, or added attachment with an address, with all other like empowered.

**SIGNATURE:** Roberto Valiente — 01/07/1999 — (305)640-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #