


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000020283 1. Entity Name CJ'S PEST EXTERMINATOR, INC.	
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Principal Place of Business 11501 S.W. 47 TERRACE MIAMI, FL 33165	Mailing Address 11501 S.W. 47 TERRACE MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BARAHONA, JORGE L 11501 S.W. 47 TERRACE MIAMI, FL 33165
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03042004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0817088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000113356 04/15/04-80006-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARAHONA, JORGE L 11501 S.W. 47 TERRACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARAHONA, CARMEN 11501 S.W. 47 TERRACE MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-12-04 305-227-2384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #