

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037941

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** PROFESSIONAL PEST MANAGEMENT OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

14011 RICHWOOD PL  
DAVIE, FL 33325

**New Principal Place of Business:**

19260 SW 62 STREET  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

15751 SHERIDAN STREET  
PMB 156  
DAVID, FL 33331

**New Mailing Address:**

15751 SHERIDAN STREET  
PMB 156  
DAVIE, FL 33331

**FEI Number:** 65-0886959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAFDIE, LUISA  
21140 NE 21ST PL N  
N MIAMI, FL 33179

**Name and Address of New Registered Agent:**

SAFDIE, LUISA  
21140 NE 21ST PL  
N MIAMI, FL 33179

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.

SIGNATURE:

04/30/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: SAFDIE, JULIE  
Address: 15751 SHERIDAN ST PMB #156  
City-St-Zip: DAVIE, FL 333313486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE SAFDIE

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date