2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037941

FILED Aug 29, 2009 Secretary of State

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

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
19260 SW 62 STREET PEMBROKE PINES, FL	_ 33332				
Current Mailing Address:		New Mailing Address:			
15751 SHERIDAN STR PMB 157 DAVIE, FL 33331	EET				
El Number: 65-0886959	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:		
SAFDIE, JULIE					
PEMBROKE PINES, FL The above named entity n the State of Florida.	_ 33332 US y submits this statement for the p	urpose of changing it	s registered	office or registered a	gent, or both,
PEMBROKE PINES, FL The above named entity in the State of Florida. BIGNATURE:	y submits this statement for the p		s registered		gent, or both,
PEMBROKE PINES, FL The above named entity In the State of Florida. BIGNATURE: Electro In accordance with s. 607.	y submits this statement for the ponic Signature of Registered Age 193(2)(b), F.S., the corporation did noing Trust Fund Contribution ().	nt t receive the prior notice	Đ.	office or registered as Date S TO OFFICERS AN	
n the State of Florida. SIGNATURE: Electron n accordance with s. 607. Election Campaign Financi DFFICERS AND DIRE Title: PSTD (Name: SAFDIE, ELL)	y submits this statement for the ponic Signature of Registered Age 193(2)(b), F.S., the corporation did noting Trust Fund Contribution (). CTORS: () Delete IOT IDAN ST PMB #157	nt t receive the prior notice	e. S/CHANGES PSTD (2) SAFDIE, ELLI- 19260 SW 62	Date S TO OFFICERS AN X) Change () Addition OT	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ELLIOT SAFDIE PRES 08/29/2009