

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036556

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** KNOCKOUT PEST ELIMINATION, INC.

**Current Principal Place of Business:**

6123-9 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

3491 PALL MALL DR.  
203  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

6123-9 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32216

**New Mailing Address:**

3491 PALL MALL DR.  
203  
JACKSONVILLE, FL 32257

**FEI Number:** 59-3572315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: OHAYON, MICHAEL M  
Address: 6123-9 PHILLIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD  
Name: OHAYON, JAIS  
Address: 6123-9 PHILLIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD  
Name: OHAYON, ISAAC  
Address: 6123-9 PHILLIPS HIGHWAY  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL OHAYON

PTD

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date