


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 8:00 am
Secretary of State

06-25-2004 90002 009 ***150.00

DOCUMENT # P99000059464 1. Entity Name A-NU-IMAGE OF PEST CONTROL, INC.					
Principal Place of Business 12459 SW 130TH STREET, #8 MIAMI, FL 33186			Mailing Address 1096 W. 42 PL. HIALEAH, FL 33012-7721		
2. Principal Place of Business 8165 NW 60ST		3. Mailing Address Suite, Apt. #, etc. MIAMI FL			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0963365	
Zip 33166		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMAS, VICENTE E 1096 WEST 42ND PLACE HIALEAH, FL 33012-7721				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS COMAS, ANDREA T 1096 W. 42 PL HIALEAH, FL 330127721 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Andrea T Comas</u> ANDREA T COMAS 6/23/04 (305) 825-4406 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

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