


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90019 040 ***155.00

DOCUMENT # S12106 1. Entity Name OMNI PEST CONTROL INC.	
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Principal Place of Business 12855 SW 136TH AVENUE SUITE 217 MIAMI, FL 33186	Mailing Address PO BOX 650411 MIAMI, FL 33265
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40044261



2. Principal Place of Business - No P.O. Box # 10441 SW 5th	3. Mailing Address P.O. Box
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 44-0534

02132007 Chg-P CR2E034 (12/06)

City & State Miami, FL 33174	City & State Miami FL
Zip FLORIDA	Zip 33144-0534
Country 	Country U.S.A.

4. FEI Number 65-0250348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ARMAS, ARMANDO MR.
10441 SW 5TH ST
MIAMI, FL 33174

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMAS, ARMANDO	
STREET ADDRESS	10441 SW 5TH ST	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ARMAS, LOURDES	
STREET ADDRESS	10441 SW 5TH ST	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE VARONA, EDUARDO	
STREET ADDRESS	9888 SW 5TH ST	
CITY-ST-ZIP	MIAMI, FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: LOURDES ARMAS **LOURDES ARMAS** **3/25/07** **305 320-7847**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #