

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S21328

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: AMBASSADOR PEST MANAGEMENT, INC.

**Current Principal Place of Business:**

1401 FORSYTHE RD  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 327  
W PALM BEACH, FL 33402 US

**New Mailing Address:**

FEI Number: 65-0239843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEWIS, SCOTT  
10175 S.W. GREENRIDGE LANE  
PALM CITY, FL 34990 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEWIS, SCOTT  
Address: 10175 S.W. GREENRIDGE LANE  
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete  
Name: CHAVEZ, RAFAEL  
Address: 1630 ROCK TERR.  
City-St-Zip: WEST PALM BEACH, FL

Title: S ( ) Delete  
Name: LEWIS, SHERRY  
Address: 10175 S.W. GREENRIDGE LANE  
City-St-Zip: PALM CITY, FL 34990

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

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

Title: V (X) Change ( ) Addition  
Name: CHAVEZ, RAFAEL  
Address: 1630 ROCK TERR.  
City-St-Zip: WEST PALM BEACH, FL 33411

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

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: RAFAEL CHAVEZ

V

03/09/2009

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

\_\_\_\_\_  
Date