

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V22182

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** ALL SAFE PEST MANAGEMENT, INC.

**Current Principal Place of Business:**

12640 NW 102ND CT.  
HIALEAH GARDENS, FL 33018 US

**New Principal Place of Business:**

**Current Mailing Address:**

P OBOX 823235  
S FLORIDA, FL 330823235 US

**New Mailing Address:**

P. O BOX 823235  
S FLORIDA, FL 33082 US

**FEI Number:** 65-0472611

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PINEIRO, DAVID  
12640 NW 102ND CT.  
HIALEAH GARDENS, FL 33018 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: PD  
Name: PINEIRO,, DAVID  
Address: 12640 NW 102ND CT.  
City-St-Zip: HIALEAH GARDENS, FL 33018 US

Title: STD  
Name: PINEIRO, SHERYL L  
Address: 12640 NW 102ND CT.  
City-St-Zip: HIALEAH GARDENS, FL 33018 US

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: DAVID PINEIRO

PD

02/10/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date