

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000089651

**Entity Name:** MIAMI DADE EXTERMINATORS CO.

**Current Principal Place of Business:**

15760 S.W. 150 CT.  
MIAMI, FL 33187

**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**0590717678CC**

**Current Mailing Address:**

PO BOX 650855  
MIAMI, FL 33265

**FEI Number:** 20-1224704

**Certificate of Status Desired:** No

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

PEREZ, EDALGIO  
15760 S.W. 150 CT.  
MIAMI, FL 33187 US

*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

**Officer/Director Detail :**

|                 |                    |                 |                |
|-----------------|--------------------|-----------------|----------------|
| Title           | PSTD               | Title           | PSTD           |
| Name            | PEREZ, EDALGIO     | Name            | PEREZ, EDALGIO |
| Address         | 15760 S.W. 150 CT. | Address         | PO BOX 650855  |
| City-State-Zip: | MIAMI FL 33187     | City-State-Zip: | MIAMI FL 33265 |

*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:** EDALGIO PEREZ

**PRESIDENT**

**04/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date