EXHIBITS TO THE FINAL REPORT

All Pest Control

P. O. BOX 940686

MIAMI FL 33194

DADE (305) 485-8021

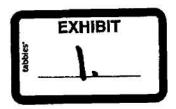
FAX (305) 485-8023

" COURTESY IS OUR BUSINESS "

Other Services

- . Termite
- . Clearance Letter
- . Inside Pest Control
- . Lawn Spray
- . Termite Control
- . Tent Fumigation

DATE:	APRIL 12, 2005.		
TO:	MAURICIO VALDES	FAX NO): <u>305-375-5409</u>
FROM:	SONIA ALONSO	RE:	INS
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COMMEN	TS: CERTIFICATE OF INSURANCE		
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		O. Box 940686 ami, Fl. 33194	ê	COMPANY				
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		OWNER'S & CONTRACTOR'S PROT		2000		EACH OCCURRENCE	1500.000	
į.			Ť	B		FIRE DAMAGE (Any one tire)	• 50,000	
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	AUT	OMOSILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT .	,000.000	
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_		OTHER THAN UMBRELLA FORM					•	
		ACTURE COMPENSATION AND				STATUTORY LIMITS		
0			WC 692-73-68	12/28/04	12/28/05	EACH ACCIDENT	1100,000	
ì	PART	NERS/EXECUTIVE		,,	, 20, 03	DISEASE - POLICY LIMIT	*100,000	
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ENTIFICATE HOLDEN

Miami-Dade County
111 N.W. 1st Street Suite 2340
Miami, Fl. 33128-1987

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CANCELLATION

ENGULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPERATION DATE THEREOF, THE MEURIC COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FARLINE TO MAIL EUCH NOTICE BHÂLL IMPOSE NO DELIGATION OR LIABILITY

of any emd upon the company, its adjute on representativ

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All Pest Control P.O BOX 527263 MIAMI, FL 33152 DADE (305) 406-0488 ~ BROW (954) 523-2929 FAX: (305) 591-4238 " COURTESY IS OUR BUSINESS "

Other Services

- . Termite
- . Clearance Letter
- . Inside Pest Control
- . Lawn Spray
- . Termite Control
- . Tent Fumigation

DATE:	2/11/2004			
TO:	MIAMI-DADE ATTN; RITA GUERRA	FAX N	O: 305 375-4726	
FROM:	SONIA ALONSO	RE:	INSURANCE CERTF	
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А	LL PEST CONTROL SERV	ICE, INC.	8			*
P	. O. BOX 527263 iami, Fl. 33152	3620	COMPANY			
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	COMMERCIAL GENERAL LIABILITY		N.	İ	PRODUCTS - COMPIOP AGG	
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					PROPERTY DAMAGE	•
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-	WORKERS COMPENSATION AND	DATE	AL PIVE	HOM	STATUTORY LIMITS	16.
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	PARTNERS/EXECUTIVE OFFICERS ARE:		le .		DISEASE - EACH EMPLOYEE	1.
	OTHER					
c	ontract: 1182 Numb	per: 3620				

CERTIFICATE HOLDER

MIAMI-DADE COUNTY
General Services Admin.
Risk Management Division
111 N.W. 1st Street, Ste. 2340
Miami, Fl. 33128-198

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEAEOF, THE LEGUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WAITTEN NOTICE TO THE CERTIFICATE HOLDER MANED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE BHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPAREENTATIVE

January 26, 2004

LEGRA GENERAL INSURANCE COMPANY 8165 NW 60 STREET MIAMI FL 33166-0000

Contractor: All Pest Control Service, Inc.

Number: 3620

Contract: 1182

Our records show that the following item(s) are expiring. Please forward the necessary document(s) prior to expiration as required by the captioned contract indicating the items noted below:

Insurance coverages must be issued by companies authorized to do business in the State of Florida and must be rated no less than "B" as to management and "Class V" as to financial strength by the latest edition of Best's Guide, OR companies holding a valid Florida Certificate of Authority and are members of the Florida Guaranty Fund.

Automobile Liability Insurance covering all owned, non-owned and hiraz vehicles in an amount not less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage.

Expiring 2-10-2004

Certificates must indicate that a 30-day advance notice of any change or cancellation will be provided to the certificate holder.

Your immediate attention to this matter will be appreciated. If you have any questions, please do not mesitate to call.

Very truly yours.

Sharon Subadan Risk Management Specialist

cc: All Pest Control Service, Inc. P.O. Box 527263

Miami

FL

33152-0000

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	. O. Box 527263 iami F1 33152	3620	COMPANY C 1	National Ins	s. Co.			
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	111 N.W. 1st Street, Miami Fl. 33128-1987							
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Miami-Dade County

General Services

111 N.W. 1st Street Ste. 2340

Miami, Fl. 32128-1987

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AUTHORIZED REPRESENTATIVE

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8165 N.W. 60 Street		ALTER TH		ORDED BY THE POLICE			
Miami, Fl. 33166	16/		COMPANIES	AFFORDING COVERA	<u> </u>		
one No (305) 593-9516 fam		COMPANY N	ational Ins	urance Company			
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ALL PEST CONTROL SE	RVICE. INC.	B			9		
P. O. BOX 527263	\bigcirc \leftarrow \triangleright	COMPANY					
Miami, F1. 33152	2020	COMPANY					
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MIAMI-DADE COUNTY	_*_			SUMG COMPANY WILL ENDEA			
General Services Add							
Risk Management Div:			30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.				
111 N.W. 1st Street Miami, Fl. 33128-19				IT'S AGENTS OF REPRESENTA			
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SoniA Alonso

Ju and Jon 5, 2004. I state that I personally alter these Costification by false enformation as to polety Heeder liabelety limits. (ley Changery 100,000 lesuits to 1,000,000) en represe to the acto exserce palery Dubmitted false eiforstation regorder the here bester and non-Recent auto en segesses to the Ceelo paleesia me policy dely comed tern of the policy indedite dates. Tearthormiose I seemed De Coslifetiles Deckmitted les passesses enserves agent to presence these cestification In sealy to face the consceeded. I hope that you take en Coasidestere. the good for that we obliverys forcede to Missie-Rode Weithe the feelity of acer work. deti. Theren 16, 2006 4:10 P.M.

Desorfer C. Cheroli February 16, 2006 4)10 P.M.