


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G26837</b> 1. Entity Name MULTI SERVICE SYSTEMS, INC.	
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Principal Place of Business 1850 N.W. 33RD STREET POMPANO BEACH, FL 33064	Mailing Address 1850 N.W. 33RD STREET POMPANO BEACH, FL 33064
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**DO NOT WRITE IN THIS SPACE**



05262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2266762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RISTIMAKI, CHARLES  
 1850 NW 33RD ST  
 POMPANO BCH., FL 33064

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST RISTIMAKI, CHARLES 1009 S.E. 9TH AVENUE DEERFIELD BEACH, FL
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06/14/05-80001-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of or like empowered.

**SIGNATURE:**  **CHARLES RISTIMAKI** 6/17/05 (954) 978-7077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #