


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90241 001 \*\*\*150.00

**DOCUMENT # P01000042707**

1. Entity Name  
**TAINO MULTISERVICES EXPRESS, CORP.**



Principal Place of Business  
**2828 N.W. 17TH AVENUE  
 MIAMI, FL 33142**

Mailing Address  
**2828 N.W. 17TH AVENUE  
 MIAMI, FL 33142**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



01092006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1097422**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PENA, FRANK  
 17452 NW 76TH COURT  
 MIAMI, FL 33015**

**7. Name and Address of New Registered Agent**

Name **Rosa Sosa**

Street Address (P.O. Box Number is Not Acceptable)  
**2831 NW 94 St.**

City **MIAMI** FL Zip Code **33147**

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 *[Signature]* DATE **01/09/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENA, FRANK 17452 NW 76TH COURT MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rosa Sosa PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2831 NW 94 St MIAMI Florida 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENA, FRANK O 17452 NW 76TH COURT MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Miguel A. Rodriguez VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2831 NW 94 St. MIAMI, FLORIDA 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENA, FRANK A 17452 NW 76TH COURT MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENA, MARIA 17452 N.W. 76TH CT. HIALEAH, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 other like empowered.

SIGNATURE: *[Signature]* DATE **01-09-2006** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR