

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024278

Entity Name: MR. MULTISERVICES, INC.

FILED  
May 29, 2009  
Secretary of State

**Current Principal Place of Business:**

16440 93 ROAD NORTH  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

16440 93 ROAD NORTH  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 01-0886822      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RAMOS AGUILAR, MIGUEL ARTURO  
16440 93 ROAD NORTH  
LOXAHATCHEE, FL 33470      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: RAMOS AGUILAR, MIGUEL ARTURO  
Address: 16440 93 ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP      ( ) Delete  
Name: LOPEZ, LOPEZ  
Address: 16440 93 ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      (X) Change ( ) Addition  
Name: LOPEZ, JENNIFER  
Address: 16440 93 ROAD NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JENNIFER LOPEZ

P

05/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date