

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90273 001 \*\*\*300.00

**DOCUMENT # P99000106549**

1. Entity Name  
**M&S SPECIAL SERVICES INC.**



Principal Place of Business  
**4101 ELROY ROAD  
 SUITE 15A  
 ORLANDO, FL 32808**

Mailing Address  
**4101 ELROY ROAD  
 SUITE 15A  
 ORLANDO, FL 32808**

**66008681**



2. Principal Place of Business  
 Suite, Apt. #, etc. *N/A*  
 City & State *FL*  
 Zip *32808* Country *USA*

3. Mailing Address  
 Suite, Apt. #, etc. *N/A*  
 City & State *FL*  
 Zip *32808* Country *USA*

03222006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3610881**  
 Applied For  
 Not Applicable

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

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

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

**GABREIL, MARLINE  
 4101 ELROY ROAD  
 ORLANDO, FL 32808**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City *N/A* **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	D	<input type="checkbox"/> Delete
NAME	GABRIEL, MARLINE	
STREET ADDRESS	4101 ELROY ROAD	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABRIEL, SELVIN	
STREET ADDRESS	4101 ELROY ROAD	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Selvin Gabriel* **Selvin Gabriel** *3/26/06* **3/26/06** *407 294-9119* **407 294-9119**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #