2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000071666

Entity Name: MLAA MULTI-SERVICES, INC

Current Principal Place of Business:

CAPE CORAL PLAZA
621 CAPE CORAL PARKWAY EAST SUITE2
CAPE CORAL, FL 33904

Current Mailing Address:

CAPE CORAL PLAZA
621 CAPE CORAL PARKWAY EAST SUITE2
CAPE CORAL, FL 33904 US

FEI Number: 27-0656252

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FERNANDEZ, MAE
CAPE CORAL PLAZA
621 CAPE CORAL PARKWAY EAST SUITE2
CAPE CORAL, FL 33904 US

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

Officer/Director Detail :

Title	SECRETARY		Title	PRESIDENT
Name	CUARTAS, ANGELA		Name	FERNANDEZ, MAE
Address	CAPE CORAL PLAZA 621 CAPE CORAL PARKWAY EAST SUITE 2		Address	CAPE CORAL PLAZA 621 CAPE CORAL PARKWAY EAST SUITE 2
City-State-Zip:	CAPE CORAL FL 33904		City-State-Zip:	CAPE CORAL FL 33904
Title	VP		Title	DIRECTOR
Name	AMORES, IRIA V		Name	SALCEDO, LOURDES
Address	CAPE CORAL PLAZA 621 CAPE CORAL PARKWAY EAST SUITE 2		Address	CAPE CORAL PLAZA 621 CAPE CORAL PARKWAY EAST SUITE 2
City-State-Zip:	CAPE CORAL FL 33904		City-State-Zip:	CAPE CORAL FL 33904
Title	EXECUTIVE SECRETARY			
Name	MENA, VALERIE			
Address	CAPE CORAL PLAZA 621 CAPE CORAL PARKWAY EAST SUITE 2			
City-State-Zip:	CAPE CORAL FL 33904			

I hereby 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 all other like empowered.

SIGNATURE: FERNANDEZ, MAE   PRESIDENT   04/28/2015

Electronic Signature of Signing Officer/Director Detail   Date