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.

PRESIDENT

#### SIGNATURE: IRIA V AMORES

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000071666

Entity Name: MLAA MULTI-SERVICES, INC

**Current Principal Place of Business:** 

705 PONDELLA ROAD I

NORTH FORT MYERS, FL 33903

#### **Current Mailing Address:**

705 PONDELLA ROAD I NORTH FORT MYERS, FL 33903

## FEI Number: 27-0656252

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

FERNANDEZ, MAE 705 PONDELLA ROAD I NORTH FORT MYERS, FL 33903 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:

# Officer/Director Detail

Officer/Director Detail :			
Title	DIRECTOR	Title	OFFICER
Name	CUARTAS, ANGELA	Name	FERNANDEZ, MAE
Address	705 PONDELLA ROAD SUITE I	Address	705 PONDELLA ROAD SUITE I
City-State-Zip:	NORTH FORT MYERS FL 33903	City-State-Zip:	NORTH FORT MYERS FL 33903
Title	PRESIDENT		
Name	AMORES, IRIA V		
Address	705 PONDELLA ROAD I		
City-State-Zip:	NORTH FORT MYERS FL 33903		

Certificate of Status Desired: Yes

03/20/2014

FILED Mar 20, 2014 Secretary of State CC9473712824

Date

Date