

**2016 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	PRESIDENT
Name	FERNANDEZ, MAE
Address	CAPE CORAL PLAZA 621 CAPE CORAL PARKWAY EAST SUITE 2
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

Title	DIRECTOR
Name	SALCEDO, LOURDES
Address	CAPE CORAL PLAZA 621 CAPE CORAL PARKWAY EAST SUITE 2
City-State-Zip:	CAPE CORAL FL 33904

Title	VP
Name	FELIZ, JOSE
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:** MAE FERNANDEZ**PRESIDENT****01/20/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date