## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L84003

FILED Jun 15, 2006 Secretary of State

Entity Name: G & A MULTIPLE SERVICE INC.

| Entity Name: G  | & A WOLTIFLE SERVIC   | L, INC.                |  |                                      |
|---|---|------------------------|--|--------------------------------------|
| Current Principal Place of Business:  |   |                        | New Principal Place of Business:             |                                      |
| 10430 SW 186TH<br>MIAMI, FL 331576  |   |                        |  |                                      |
| Current Mailing Address:  |   |                        | New Mailing Address:                         |                                      |
| 10430 SW 186TH<br>MIAMI, FL 331576  |   |                        |  |                                      |
| FEI Number: 65-0203   | 165 FEI Number Appl   | ied For ( ) FEI Nun    | nber Not Applicable ( )                      | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                        |  |                                      |
| ALVAREZ, MARIA<br>10430 S.W. 186TI<br>MIAMI, FL   |   |                        |  |                                      |
| The above named<br>in the State of Flor   |   | ment for the purpose o | f changing its registered o                  | office or registered agent, or both, |
| SIGNATURE:  |   |                        |  |                                      |
| E   | Electronic Signature of R                                     | egistered Agent        |  | Date                                 |
|   | . 607.193(2)(b), F.S., the cor<br>inancing Trust Fund Contril |                        | he prior notice.                             |                                      |
| OFFICERS AND DIRECTORS:   |   |                        | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                                      |
|   | ( ) Delete<br>EZ, MARIANO,<br>SW 186 ST<br>FL                 |                        | Title: ( Name: Address: City-St-Zip:         | ) Change ()Addition                  |

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIANO ALVAREZ P 06/15/2006