

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90072 048 ***150.00

DOCUMENT # P00000096173																													
1. Entity Name MULTI SERVICES STAFFING, INC.																													
Principal Place of Business 5630 FARRAGUT STREET HOLLYWOOD, FL 33021			Mailing Address 5630 FARRAGUT STREET HOLLYWOOD, FL 33021																										
2. Principal Place of Business 1800 SW 9 ST Suite, Apt. #, etc.		3. Mailing Address 1800 SW 9 ST Suite, Apt. #, etc.																											
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL		4. FEI Number 65-1045820																									
Zip 33312		Country US		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent GONZALEZ, GILMA 5630 FARRAGUT STREET HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name: Gilma Gonzalez Street Address (P.O. Box Number is Not Acceptable): 1800 SW 9 ST City: Fort Lauderdale FL Zip Code: 33312																									
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:		GILMA GONZALEZ		03/28/05																									
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **GILMA GONZALEZ** **03/28/05** **954-774-7314**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #