


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State


02-28-2005 90194 046 ***155.00

DOCUMENT # P01000029820	
1. Entity Name ANTILLES MULTI SERVICES, INC.	

Principal Place of Business 2271 FOWLER STREET FT MYERS FL 33901	Mailing Address 2271 FOWLER STREET FT MYERS FL 33901
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2. Principal Place of Business	3. Mailing Address 2271 FOWLER ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Myers FL	City & State Florida
Zip 33901	Country LEE

	
1st MOORE	CR2E034 (10/04)
4. FEI Number 65-1152200	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHARLES, MICIASSE 2271 FOWLER STREET FT MYERS FL 33901	7. Name and Address of New Registered Agent Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing / Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME CHARLES, MICIASSE J	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 108 NE 10TH AVE	CITY-ST-ZIP CAPE CORAL FL 33919	STREET ADDRESS	
TITLE D <input type="checkbox"/> Delete	NAME ORCEL, JOSEPH E	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1187 ORLANDO BLVD	CITY-ST-ZIP PORT CHARLOTTE FL 33952	STREET ADDRESS	
TITLE D <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
TITLE D <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
TITLE D <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
TITLE D <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	

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:  **DATE:** 2/29/2005 **Daytime Phone #:** 339-3344