

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061135

FILED  
Mar 23, 2004  
Secretary of State

Entity Name: AMCM MULTI SERVICES, INC.

**Current Principal Place of Business:**

1129 W 41 PLACE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

305 SW 12TH AVE  
MIAMI, FL 33130

**New Mailing Address:**

FEI Number: 65-1116815      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VIVES, ROSARIO  
9190 NW 114 TERRACE  
HIALEAH GARDENS, FL 33018      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VIVES, ROSARIO  
Address: 9190 NW 114 TERRACE  
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: VD ( ) Delete  
Name: SOARES DE AZEVEDO, AFONSO  
Address: 1129 W 41 PLACE  
City-St-Zip: HIALEAH, FL 33012

Title: TD ( ) Delete  
Name: SOARES DE AZEVEDO, MARIA  
Address: 1129 W 41 PLACE  
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete  
Name: SOARES DE AZEVEDO, MIRIAM  
Address: 1129 W 41 PLACE  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: SOARES DE AZEVEDO, CLAUDIA  
Address: 1129 W 41 PLACE  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIVES ROSARIO

PD

03/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date