

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90327 042 \*\*\*150.00

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04272006 Chg-P CR2E034 (11/05)

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| <b>DOCUMENT # P01000079606</b><br>1. Entity Name<br><b>MULTISERVICES SUNSHINE, CORP.</b>   |                                      |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br><b>8849 NW 119 STREET<br/>#101<br/>HIALEAH GARDENS, FL 33018</b>  |                                      |  | Mailing Address<br><b>8849 NW 119 STREET<br/>#101<br/>HIALEAH GARDENS, FL 33018</b>   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business<br><b>2415 W. 67 PLACE<br/>Suite, Apt. #, etc.<br/>BLDG 8 UNIT 12</b>   |                                      | 3. Mailing Address<br><b>2415 W. 67 PLACE<br/>Suite, Apt. #, etc.<br/>BLDG. 8 UNIT 12</b>  |   | 4. FEI Number<br><b>65-1137585</b><br>Applied For<br><input type="checkbox"/> Not Applicable |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State<br><b>HIALEAH, FL</b>   |                                      | City & State<br><b>HIALEAH</b>   |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zip<br><b>33018</b>  |                                      | Country<br><b>USA</b>  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |                                      |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SERNA, HECTOR MARTIN<br/>4752 E 9 COURT<br/>HIALEAH, FL 33013</b>  |                                      |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                      |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |                                      | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LESMES, RAFAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8849 NW 119 ST., #101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH GARDENS, FL 33018</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PTS</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LESMES, RAFAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2415 W. 67 PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BLDG. 8 UNIT 12<br/>HIALEAH, FL 33018</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div> |                                      |  |   |  |  | TITLE | PTS | <input type="checkbox"/> Delete | NAME | LESMES, RAFAEL |  | STREET ADDRESS | 8849 NW 119 ST., #101 |  | CITY-ST-ZIP | HIALEAH GARDENS, FL 33018 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TITLE | PTS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | LESMES, RAFAEL |  | STREET ADDRESS | 2415 W. 67 PLACE |  | CITY-ST-ZIP | BLDG. 8 UNIT 12<br>HIALEAH, FL 33018 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TITLE  | PTS                                  | <input type="checkbox"/> Delete  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME   | LESMES, RAFAEL                       |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STREET ADDRESS   | 8849 NW 119 ST., #101                |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP  | HIALEAH GARDENS, FL 33018            |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| TITLE  | PTS                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME   | LESMES, RAFAEL                       |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STREET ADDRESS   | 2415 W. 67 PLACE                     |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY-ST-ZIP  | BLDG. 8 UNIT 12<br>HIALEAH, FL 33018 |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |                                      |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                      |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                      |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                      |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |                                      |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.  |                                      |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> _____<br/> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br/> <b>RAFAEL LESMES</b> </div> <div style="text-align: right;"> <b>4/27/06 (786) 423-5794</b><br/> <small>Date Daytime Phone #</small> </div> </div>   |                                      |  |   |  |  |       |     |                                 |      |                |  |                |                       |  |             |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |     |  |      |                |  |                |                  |  |             |                                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |