

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000079606 1. Entity Name MULTISERVICES SUNSHINE, CORP.	
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Principal Place of Business 2415 WEST 67TH PLACE BLDG 8 UNIT 12 HIALEAH, FL 33016	Mailing Address 2415 WEST 67TH PLACE BLDG 8 UNIT 12 HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1137585	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SERNA, HECTOR MARTIN
4752 E 9 COURT
HIALEAH, FL 33013**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000906431 11/12/08-80022-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LESME, RAFAEL 2415 WEST 67TH PLACE BLDG 8 UNIT 12 HIALEAH, FL 33016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  **RAFAEL LESME - PTS.** **04-15-08 (786) 4235794**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #