

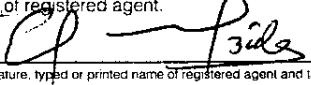
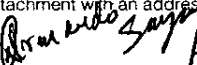


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90027 030 \*\*\*158.75

<b>DOCUMENT # P02000027151</b> 1. Entity Name <b>A SAYA MULTISERVICES, INC.</b>					
Principal Place of Business <b>1660 APT 02 STONEHAVEN DR BOYNTON BEACH FL 33436</b>				Mailing Address <b>1660 APT 02 STONEHAVEN DR BOYNTON BEACH FL 33436</b>	
2. Principal Place of Business <b>9913-A Watermill Cir</b>		3. Mailing Address <b>9913-A Watermill Cir</b>		 MOORE CR2E034 (11/03)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Boynton Beach Florida</b>		City & State <b>Boynton Beach Florida</b>			
Zip <b>33437</b>		Country <b>U.S.A</b>		4. FEI Number <b>01-0642947</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>SAYA, ARMANDO 1660 APT 02 STONEHAVEN DR BOYNTON BEACH FL 33436</b>				7. Name and Address of New Registered Agent Name <b>Elena Gonzalez</b> Street Address (P.O. Box Number is Not Acceptable) <b>9913-A Watermill Circle</b> <b>Boynton Beach FL 33437</b> City <b>Florida</b> State <b>FL</b> Zip Code <b>33437</b>	
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  <b>Elena Gonzalez</b> DATE <b>02-23-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SAYA, ARMANDO STREET ADDRESS 1660 APT 02 STONEHAVEN DR CITY-ST-ZIP BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete			TITLE PD NAME SAYA, ARMANDO STREET ADDRESS 9913-A Watermill Cir. CITY-ST-ZIP Boynton Beach FL-33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME GONZALEZ, ELENA STREET ADDRESS 1660 APT 02 STONEHAVEN DR CITY-ST-ZIP BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete			TITLE VD NAME GONZALEZ, ELENA STREET ADDRESS 9913-A Watermill Cir CITY-ST-ZIP Boynton Beach FL-33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>Armando Saya President</b> DATE <b>02-23-04</b> (561) 714-8144 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					