

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90081 040 ***150.00

DOCUMENT # P02000027151

1. Entity Name

A SAYA MULTISERVICES, INC.



Principal Place of Business

9913-A WATERMILL CIRCLE
BOYNTON BEACH FL 33437

Mailing Address

9913-A WATERMILL CIRCLE
BOYNTON BEACH FL 33437



2. Principal Place of Business - No P.O. Box #

4075 SW 54TH CT

3. Mailing Address

4075 SW 54TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Ocala Florida

City & State

Ocala Florida

4. FEI Number

01-0642947

Applied For

Not Applicable

Zip

34474

Country

Zip

34474

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ELENA
9913-A WATERMILL CIRCLE
BOYNTON BEACH FL 33437

4075 SW 54TH
Ocala FL-34474

7. Name and Address of New Registered Agent

Name Elena Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

4075 SW 54TH CT

City

Ocala

FL

Zip Code

34474

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-23-2007

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SAYA, ARMANDO	
STREET ADDRESS	9913-A WATERMILL CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	☐ Delete
NAME	GONZALEZ, ELENA	
STREET ADDRESS	9913-A WATERMILL CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL 33437	
TITLE	D	☐ Delete
NAME	SAYA, GRACE	
STREET ADDRESS	9913-A WATERMILL CIRCLE	
CITY - ST - ZIP	BOYNTON BEACH FL 33437	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Change ☐ Addition
NAME	SAYA Armand	
STREET ADDRESS	4075 SW 54TH CT Ocala FL-34474	
CITY - ST - ZIP		
TITLE	VD	☐ Change ☐ Addition
NAME	Elena Gonzalez	
STREET ADDRESS	4075 SW 54TH CT Ocala FL-34474	
CITY - ST - ZIP		
TITLE	D	☐ Change ☐ Addition
NAME	SAYA Grace	
STREET ADDRESS	4075 SW 54TH CT Ocala FL-34474	
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-2007

Date

Daytime Phone #