## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000073479

City-St-Zip:

Entity Name: INTERNATIONAL MULTI SERVICES, U.S.A. INC.

FILED Apr 14, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 16258 S W 93RD ST 10661 NORTH KENDALL DRIVE MIAMI, FL 33196 SUITE 200 ROOM 229 MIAMI, FL 33176 **Current Mailing Address: New Mailing Address:** 16258 S W 93RD ST 10661 NORTH KENDALL DRIVE MIAMI, FL 33196 SUITE 200 ROOM 229 MIAMI, FL 33176 FEI Number: 02-0621564 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HURTADO, FRANCISCO GONZALEZ, ANTONIO 16258 S W 93RD ST 10415 SW 154 COURT MIAMI, FL 33196 APTO #1 MIAMI, FL 33196 US 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: ANTONIO GONZALEZ 04/14/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GONZALEZ, ANTONIO Name: Name: 10625 HAMMOCK BLVD., #511 Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: VD Title: () Change () Addition () Delete Name: HURTADO, MARIA TERESA Name: 10625 HAMMOCK BLVD., #511 Address: Address: MIAMI, FL 33196 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: VD. ( ) Change (X) Addition Name: FRIEDWALD, MARIO Name: 2051 N.E 209 STREET Address Address:

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.

City-St-Zip:

MIAMI, FL 33179

SIGNATURE: ANTONIO GONZALEZ PD 04/14/2004