2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P02000076952 1. Éntity Name RAPIDE MULTI SERVICES AGENCY INC.					SECRETARY OF STATE DIVISION OF CORPORATIONS 03 SEP -8 AM 8: 00	
Principal Place of Business 12762 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161 Mailing Address 12762 WEST DIXIE HIGH NORTH MIAMI FL 33161 NORTH MIAMI FL 33161			HWAY		600023021436 09/12/0301055029 **500.00	
Principal Place of Business Address Address				_		
Suite, Apt. #, etc. Suite, Apt. #, etc.					TO CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State			4. FEI Number Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
)				Name		
JEAN, ERNEST A 821 S W 9 ST				Street Address (P.O. Box Number is Not Acceptable)		
821 S V	V 9 51				600023021436 09/12/03~ 01055028 **\$3,75	
POMPAN	O BEACH FL 33060			City		
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, typed or printed name of registered gent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND (DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ET ADDRESS 82	ESTDENT! Ques NGOLINA JACQUES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		Fic	Addition Ducques Jean	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	C E CET ADDRESS ST-ZIP 834	enest Antoine Jean	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STRE	A VP YOU ET ADDRESS 831 ST-ZIP PON	NNEL LAGUERRE Schange Addition of Sive 9 st # B outland BC.FL. 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete		JND ANT ET ADDRESS 8 2 (ST-ZIP POU	TO Labrueure Brange Addition 1.5 w 9.54 4 B WPANO BCH PL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS ST-ZIP	☐ Change ☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment withan address, w	this filing does not qualify for t true and accurate and that my wered to execute this report a ith all other like empowered.	he exer / signat s requir	nption stated in Se ure shall have the s ed by Chapter 607	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if	