FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90766 046 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000097497.

1. Entity Name

P & D MULTISERVICE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2470 NW 102 Pl	2470 NW 102 Place
Suite, Apt. #, etc. 104	Suite, Apt. #, etc. 104
City & State Miami, Fl	City & State MIAMI, FL
Zip 33172 Country U.S.A	Zip 33172 Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0532325 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DANIELA J. VALERI

Street Address (P.O. Box Number is Not Acceptable): 2470 NW 102 Place # 104

City: MIAMI FL Zip Code 33172

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 DANIELA J. VALERI 04/28/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

Field	Officer/Director
TITLE	P
NAME	HERNAN PENA
STREET ADDRESS	2470 NW 102 Pl. # 104
CITY-ST-ZIP	Miami, Fl 33172.
TITLE	VP
NAME	Fernando Duran
STREET ADDRESS	2470 NW 102 Place # 104.
CITY-ST-ZIP	Miami, Fl 33172
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 04/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #