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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 SEP -1 AM 8:35

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000125511

1. Entity Name
QUALITEX MULTI SERVICES, INC

Principal Place of Business	Mailing Address
609 N.E. 123 STREET NORTH MIAMI, FL 33161	609 N.E. 123 STREET NORTH MIAMI, FL 33161

07072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
609 NE 123rd ST	609 NE 123rd ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33161 Country: USA	Zip: 33161 Country: USA

4. FEI Number: 32-0046118 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOBY, GARRY A
1191 NE 196TH STREET
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name: Garry A Thoby
Street Address (P.O. Box Number is Not Acceptable): 1191 NE 196th street
City: Miami FL Zip Code: 33179

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] Garry Thoby — DATE: 07-12-2004

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: FM NAME: BASTIEN, VALLY STREET ADDRESS: 18524 S.W. 104 COURT CITY-ST-ZIP: MIAMI, FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: P NAME: Garry A Thoby STREET ADDRESS: 609 N.E. 123Rd ST CITY-ST-ZIP: Miami, Fl 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ 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: [signature] GARRY A THOBY — Date: 08-19-2004 — Daytime Phone #: 305-981-4787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR