

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128366

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** ANOINTE CO MULTI SERVICE CENTER INC.

**Current Principal Place of Business:**

607 W. MOWRY DRIVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

P. O. BOX 165423  
MIAMI, FL 331165423

**Current Mailing Address:**

607 W. MOWRY DRIVE  
HOMESTEAD, FL 33030

**New Mailing Address:**

P. O. BOX 165423  
MIAMI, FL 331165423

**FEI Number:** 16-1643077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NONEZ, JACQUES  
607 W. MOWRY DRIVE  
HOMESTEAD, FL 33030

**Name and Address of New Registered Agent:**

NONEZ, JACQUES  
10485 SW 112TH STREET  
MIAMI, FL 33176

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: JACQUES NONEZ

04/28/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NONEZ, JACQUES  
Address: 607 W. MOWRY DRIVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: VPD ( ) Delete  
Name: NONEZ, NATATCHA  
Address: 10485 SW 112TH STREET  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NONEZ, JACQUES  
Address: 10485 SWB112TH STREET  
City-St-Zip: MIAMI, FL 33176

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JACQUES NONEZ

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date