FILED
May 18, 2004 8:00 am
Secretary of State

04-13-2004 90041 007 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

DOCUMENT # P03000084835

1. Entity Name
LATINO MULTI-SERVICES, INC.

66422671

03232004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
301 EDGEWOOD DR WEST PALM BEACH, FL 33405	301 EDGEWOOD DR WEST PALM BEACH, FL 33405
2. Principal Place of Business: 2497 10th Ave North	3. Mailing Address: 2497 10th Ave North
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33461 Country:	Zip: 33461 Country:

4. FEI Number 043771173 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GRIECO, MARK M ESQ
3109 45TH ST
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name: Aurora Cristina Perez
Street Address (P.O. Box Number is Not Acceptable): 2497 10th Avenue North
City: West Palm Beach FL Zip Code: 33461

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]

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DP FRADIQUE, LIGIA 301 EDGEWOOD DR WEST PALM BEACH, FL 33405 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P/D Cesar Leon 2497 10th Ave North West Palm Beach, FL 33461 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP/D Aurora Cristina Perez 2497 10th Ave North West Palm Beach, FL 33461 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR