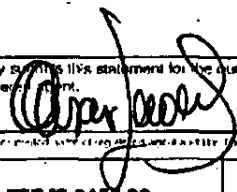
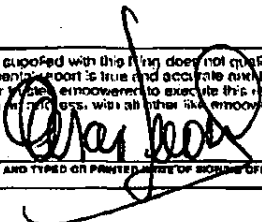


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

4/1

04-13-2004 90041 007 ***150.00

DOCUMENT # P03000084835			
1. Entity Name LATINO MULTI-SERVICES, INC.			
Principal Place of Business 301 EDGEWOOD DR WEST PALM BEACH, FL 33405		Mailing Address 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		Zip 33461	
Country		Country	
4. FEI Number 043771173		☐ Adopted For ☐ Not Adopted For	
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 is making 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: 			
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	DP	TITLE	P/D
NAME	FRADIQUE, LIGIA	NAME	Cesar Leon
STREET ADDRESS	301 EDGEWOOD DR	STREET ADDRESS	2497 10th Ave North
CITY ST ZIP	WEST PALM BEACH, FL 33405	CITY ST ZIP	West Palm Beach, FL 33461
TITLE		TITLE	VP/D
NAME		NAME	Aurora Cristina Perez
STREET ADDRESS		STREET ADDRESS	2497 10th Ave North
CITY ST ZIP		CITY ST ZIP	West Palm Beach, FL 33461
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this report or any information report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or liquidator 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 this report, with all other like information.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR			

66422671



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