
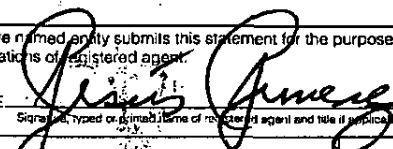
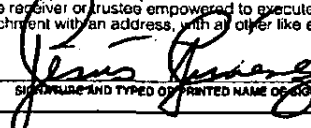


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

04-26-2004 90454 037 ***150.00

DOCUMENT # P03000104922			
1. Entity Name JIMENEZ MULTIPLE SERVICES, CORPORATION			
Principal Place of Business 20706 SO. DIXIE HWY MIAMI, FL 33189		Mailing Address 20706 SO. DIXIE HWY MIAMI, FL 33189	
2. Principal Place of Business 20706 SO. DIXIE HWY		3. Mailing Address ← SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33189	Country USA	Zip	Country
4212004 Chg-P CR2E034 (10/03)		Applied For 20-0264623 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JIMENEZ, JESUS 47116 SW 144TH COURT MIAMI, FL 33177		7. Name and Address of New Registered Agent Name JIMENEZ, JESUS Street Address (P.O. Box Number is Not Acceptable) 20706 SO. DIXIE HWY City MIAMI FL Zip Code 33189	
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  DATE 04-15-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD JIMENEZ, JESUS 20706 SOUTH DIXIE HWY. MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		DATE: 04/15/04 305-252-9293 Daytime Phone #	

Attachment 66424121

Jimenez Multiple Services
20706 South Dixie Hwy, Miami, Florida 33189

Tel: (305) 252-9293
E-Mail: mla5552003@yahoo.com

Fax: (305) 252-8711

May 20, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

In Re: Jimenez Multiple Services Document No. P03000104922

Gentlemen:

This letter is in reply to your recent letter of May 03, 2004 asking for a corrected Federal Tax I.D. Number for our report.

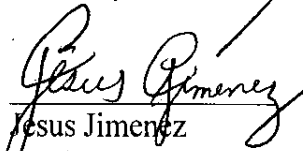
Please see the corrected report attached.

The corrected Tax I.D. No. is 26-0264623; not 26-264623.

Further, please note that the address of record has changed, and I request all mail be sent to the company address: Jimenez Multiple Services, 20706 S., Dixie Hwy, Miami, Florida 33189.

Should you have any questions in this regard please do call me.

Sincerely,


Jesus Jimenez
President

cc: file
enclosures



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

Attachment

66424121
P03000104922

DATE OF THIS NOTICE: 10-09-2003
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 20-0264623
FORM: SS-4 NOBOD 0000003017
0132723130 B

X

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

JIMENEZ MULTIPLE SERVICES, *Corp.*
17118 SW 144TH CT
MIAMI FL 33177

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 20-0264623. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following form(s) by the date we show.

Form 1120

03/15/2004

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-0115 or write to us at the address shown above.