OR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2006 08:00 AN Secretary of State

| DOC | TIMENT | # P030 | 000104922 | ŧ |
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JIMENEZ MULTIPLE SERVICES, CORPORATION



Principal Place of Business

20706 SO DIXIE HWY MIAMI, FL 33189

Mailing Address

20706 SO DIXIE HWY MIAMI, FL 33189



03082006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0264623 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

| Name and Address of Current Registered Agent | | | | | · · | | | |
|---|---|--------|---|--|---|--|--|--|
| JIMENEZ, JESUS 20706 SO DIXIE HWY MIAMI, FL 33189 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| 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, typed or printed name of registered agent and title it epiticable (NOTE, Registered | | | d Agent signature required when reinstating) OATE | | | | | |
| File NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution. | | cing D | \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | CTORS | | | | | | |
| Title Name Street Address City-St-Zip | PD JIMENEZ, JESUS 20706 SO DIXIE HWY MIAMI, FL 33189 | | | | 1600000400440a | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 000000482420 04/11/06-80073-019 158.75 | | | |
| NTLE | | |] | | | | | |

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STREET ADDRESS CITY-ST-ZIP DILE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-DP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther certify that the information indicated on this report of suppliertental report is five 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 of trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SEFICER OR DIRECTOR