2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 22, 2007
Secretary of State

DOCUMENT# P04000094508

Entity Name: BERNAVIL MULTI SERVICES, INC.

Current Principal Place of Business:

87 NW 15TH PLACE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 272085
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 20-0012626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNAVIL, PATRICK
5340 ELMHURST RD
UNIT E
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BERNAVIL, PATRICK	
Address:	5340 ELMHURST RD UNIT E	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	VPD	( ) Delete
Name:	RACINE-BERNAVIL, JENNIFER	
Address:	4966 LINCOLN ROAD	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	SD	( ) Delete
Name:	BERNAVIL, SHELLY A	
Address:	5340 ELMHURST RD UNIT E	
City-St-Zip:	WEST PALM BEACH, FL 33417	
Title:	D	(X) Delete
Name:	JEAN BAPTISTE, KILENE	
Address:	2750 N CYPRESS RD	
City-St-Zip:	POMPANO BEACH, FL 33064	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICK BERNAVIL PD 05/22/2007

Electronic Signature of Signing Officer or Director — Date