

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

04-11-2005 90168 042 ***150.00

DOCUMENT # P04000151225																											
1. Entry Name CAPE MULTI SERVICES, INC.																											
Principal Place of Business 5981 WASHINGTON ST - APT 220 HOLLYWOOD, FL 33023		Mailing Address 5981 WASHINGTON ST - APT 220 HOLLYWOOD, FL 33023																									
2. Principal Place of Business 5981 WASHINGTON ST Suite, Apt. #, etc. STE 220 City & State HOLLYWOOD FL Zip 33023 Country USA		3. Mailing Address 5981 WASHINGTON ST Suite, Apt. #, etc. STE 220 City & State HOLLYWOOD FL Zip 33023 Country USA																									
		04062005 Chg-P CR2E034 (10/03)																									
		4. FEI Number 20-1890399 Applied For Not Applicable																									
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent KELLERHOUSE, CARMEN 5981 WASHINGTON ST - APT 220 HOLLYWOOD, FL 33023		7. Name and Address of New Registered Agent Name KELLERHOUSE, CARMEN Street Address (P.O. Box Number is Not Acceptable) 5981 WASHINGTON ST City HOLLYWOOD ST FL Zip Code 33023																									
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 _____ Signature, hand or printed name of registered agent and also if applicable (NOTE: Registered Agent signature required when re-issuing)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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: <i>X C. Kellerhouse</i>		04/06/2005 (954) 588-3093																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date and Phone																									