


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90001 028 ***158.75

DOCUMENT # P05000043226	
1. Entity Name J & A MULTI SERVICES, INC.	

Principal Place of Business 9741 S. ORANGE BLOSSOM TRAIL - SUITE 9 ORLANDO, FL 32837	Mailing Address 9741 S. ORANGE BLOSSOM TRAIL - SUITE 9 ORLANDO, FL 32837
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2. Principal Place of Business		3. Mailing Address 1970 E. Osceola Pkwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #12	
City & State		City & State Kissimmee FL	
Zip	Country	Zip	Country
		34743	USA



01172006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2580236	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, ENDER 9741 S. ORANGE BLOSSOM TRAIL - SUITE 9 ORLANDO, FL 32837	
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7. Name and Address of New Registered Agent	
Name ENDER RODRIGUEZ	
Street Address (P.O. Box Number is Not Acceptable) 1970 E. Osceola Pkwy	
#12	
City KISSIMMEE	FL Zip Code 34743

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RODRIGUEZ, ENDER		NAME ENDER RODRIGUEZ	
STREET ADDRESS 9741 S. ORANGE BLOSSOM TRAIL - SUITE 9		STREET ADDRESS 1970 E. OSCEOLA PKWY #12	
CITY-ST-ZIP ORLANDO, FL 32837		CITY-ST-ZIP KISSIMMEE FL 34743	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 01/23/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #