


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90019 021 ***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 1970 E OSCEOLA PKWY # 12 KISSIMMEE, FL 34743		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1104 Plaza Drive Suite, Apt. #, etc.			
City & State Zip		City & State Kissimmee FL Zip 34743		Country USA	
4. FEI Number 20-2580236				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ENDER 1970 E OSCEOLA PKWY # 12 KISSIMMEE, FL 34743			7. Name and Address of New Registered Agent Name Ender Rodriguez Street Address (P.O. Box Number is Not Acceptable) 1104 Plaza Drive 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 RODRIGUEZ, ENDER 1970 E OSCEOLA PKWY # 12 KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ender Rodriguez 1104 Plaza Drive Kissimmee, FL 34743	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Ender Rodriguez</i>			Date: 03/03/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		