

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P05000052138 1. Entity Name FYZ MULTIPLES SERVICES CORP.					
Principal Place of Business 2814 SW 5TH ST. MIAMI, FL 33135			Mailing Address 2814 SW 5TH ST. MIAMI, FL 33135		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04282006 Chg-P CR2E034 (11/05)	
City & State		City & State		4. FEI Number 75-3189279	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COREA, CINTHYA E 2814 SW 5TH ST. MIAMI, FL 33135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE: 04-28-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMURIA, FABIO C 2814 SW 5TH STREET MIAMI, FL 33135	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMURIA, FABIO C 3501 SW 58 AVENUE MIAMI, FL 33155
☒ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
☐ Change ☐ Addition		☐ Change ☐ Addition			
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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: 04-28-06 Daytime Phone #	