

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166866

Entity Name: G- MULTISERVICES CORP

FILED  
Mar 21, 2008  
Secretary of State

## Current Principal Place of Business:

688 NE 125TH ST  
ROOM B  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

688 NE 125TH ST  
ROOM B  
NORTH MIAMI, FL 33161

## New Mailing Address:

FEI Number: 20-4023817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALTES, ACELIA A  
465 NE 109TH ST  
MIAMI, FL 33161 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GALTES, ACELIA A  
Address: 465 NE 109TH ST  
City-St-Zip: MIAMI, FL 33161

Title: VP ( ) Delete  
Name: GOODING, CARMEN M  
Address: 465 NE 109TH ST  
City-St-Zip: MIAMI, FL 33161

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: GOODING, CARMEN M  
Address: 465 NE 109TH ST  
City-St-Zip: MIAMI, FL 33161

Title: VP ( ) Change (X) Addition  
Name: ARCHIE'S AWARDS BY C, ONNIE INC  
Address: 688 NE 125TH ST  
City-St-Zip: NORTH MIAMI, FL 33161 US

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: ACELIA A GALTES

P

03/21/2008

Electronic Signature of Signing Officer or Director

Date