

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166866

Entity Name: G- MULTISERVICES CORP

FILED
Apr 17, 2009
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:

GALTES, ACELIA A
445 NE 109TH ST
MIAMI, FL 33161 US

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:

04/17/2009

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEL ROSARIO, CARLOS
Address: 8889 FOUNTAIBLEAU BLVD APT#403
City-St-Zip: MIAMI, FL 33172

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

Title: VP (X) Change () Addition
Name: GALTES, ACELIA A
Address: 445 NE 109TH ST
City-St-Zip: 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

VP

04/17/2009

Electronic Signature of Signing Officer or Director

Date