2007 FOR PROFIT CORPORATION

SIGNATURE

SIGNATURE AND TYPES OR PRINTED NAME OF

Mar 12, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000018302 03-12-2007 90363 037 ***150.00 1. Entity Name GONZALEZ MULTISERVICE, INC. Principal Place of Business Mailing Address quussurv 11666 TIMBERS WAY 11666 TIMBERS WAY BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 13810 Oneida PR 3810 Oneida Suite, Apt. #, etc. Suite, Apt. #, etc 02282007 Chg-P CR2E034 (12/06) A 2 A 2 City & State City & State 4. FEI Number Applied For Beach 20-432*150* 7 Delrau)elraq Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 3446 33446 U. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent onzale GONZALEZ, LUIS S 11666 TIMBERS WAY (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33428 33446 elray Jeach 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE . Change TITLE 13810 Oneide Dr Addition GONZALEZ, LUIS S NAME_, NAME 11666 TIMBERS WAY APT #AZ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment witty an address, with all other like empowered.

ICER OR DIRECTOR

FILED

561-251-3881 Daylime Phone #