## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED DOCUMENT # P06000080074 2008 SEP 16 PM 3: 32 1. Entity Name FOX MULTI SERVICES, CORP. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7801 N.W. 37 ST. 7801 N.W. 37 ST. TGU 251 TGU 251 MIAMI, FL 33166 MIAMI, FL 33166 07182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5050099 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent COVELO, SALVADOR DO NOT WRITE 7801 N.W. 37 ST. TGU 251 IN THIS SPACE MIAMI, FL 33166 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 Fiorida, I am familiar with, and accept FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. PSTD TITLE COVELO, SALVADOR NAME 300136245123/ 09/23/08--01010--001 \*\*300.00 7801 N.W. 37 ST., TGU 251 STREET ADORESS CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 of 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

SIGNATURE: \

SALUADOR COVELD PAS