2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104595

City-St-Zip:

DORAL, FL 33178 US

Entity Name: SUNMULTISERVICES CORP.

FILED Apr 15, 2009 Secretary of State

Littly Na	ille. SOMMOL	TISERVICES CORF.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
5775 NW 109 AVENUE #14 DORAL, FL 33178 US			4450 NW 113 PLAC DORAL, FL 33178	E US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
5775 NW 109 AVENUE # 14 DORAL, FL 33178 US			4450 NW 113 PLAC DORAL, FL 33178	4450 NW 113 PLACE DORAL, FL 33178 US	
FEI Number	: 20-5370768	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SANCHEZ, JORGE 5775 NW 109 AVENUE, # 14 DORAL, FL 33178 US			SANCHEZ, JORGE 4450 NW 113 PLAC DORAL, FL 33178	4450 NW 113 PLACE	
	e named entity s e of Florida.	submits this statement for the	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE:				04/15/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P,D () SANCHEZ, JOF 5775 NW 109 A DORAL, FL 33	AVENUE, # 14	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP,D () ESCOBAR, MA 5775 NW 109 A DORAL, FL 33	VENUE, # 14	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SE,D (X SANCHEZ, ROI		Title: Name:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JORGE SANCHEZ PD 04/15/2009