2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007
Secretary of State

DOCUMENT# P06000118322

Entity Name: DADE COUNTY MULTISERVICES CORP

Current Principal Place of Business:

12001 SW 31 TERRACE
MIAMI, FL 33175

New Principal Place of Business:

15659 SW 72TH CIRCLE TERRACE APT 53
MIAMI, FL 33193

Current Mailing Address:

12001 SW 31 TERRACE
MIAMI, FL 33175

New Mailing Address:

15659 SW 72TH CIRCLE TERRACE APT 53
MIAMI, FL 33193

FEI Number: 20-5541317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHALE, PAOLA A
12001 SW 31 TERRACE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

CHALE, PAOLA A
15659 SW 72TH CIRCLE TERRACE APT 53
MIAMI, FL 33193 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: PAOLA A CHALE 05/15/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHALE, PAOLA A
Address: 12001 SW 31 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: VPD ( ) Delete
Name: CHALE, CLAUDIA
Address: 12001 SW 31 TERRACE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHALE, PAOLA A
Address: 15659 SW 72TH CIRCLE TERRACE APT 53
City-St-Zip: MIAMI, FL 33193

Title: VPD (X) Change ( ) Addition
Name: CHALLE, CLAUDIA
Address: 15659 SW 72TH CIRCLE TERRACE APT 53
City-St-Zip: MIAMI, FL 33193

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: PAOLA CHALE PD 05/15/2007
Electronic Signature of Signing Officer or Director Date