2007 FOR PROFIT CORPORATION

May 03, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P06000118565** 05-03-2007 90056 009 ***150.00 MESA MULTISERVICES CORP Principal Place of Business Marting Address 17324 SW 138 CT 17324 SW 138 CT MIAMI, FL 33177 MIAMI, FL 33177 2. Principal Place of Business - No P.O. Box # 3. Mazing Address Suite, Apt. #, etc. Suite, Apt #, etc 04282007 CR2E034 (12/06) City & State City & State Applied For Not Applicable Country Ζip COMPRY \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MESA, JUAN Street Address (P.C. Box Number is Not Acceptable) 17324 SW 138 CT MIAMI, FL 33177 City Zip Code 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 regist લીવ agent. SIGNATURE Square 1 primed rame of registered agont and title disppicable. (NOTE: Registered Agent arginizate required when revisiting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees **CFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, PD ☐ Delese Change Accidion PRE 7018 WANT MESA, JUAN MAME STREET ADORESS STREET ADDRESS 17324 SW 138 CT MIAMI, FL 33177 COY-ST-ZP CITY-ST-ZP THILE THE Octeze Crance ☐ Aprilion NAME MARK STREET ADDRESS STREET ADDRESS CHY-ST-ZP City-57-79 TITLE Delete TITLE ☐ Change Addition WHE. STREET ADDRESS STREET ADDRESS CTY-ST-ZP DAY-ST-ZP ☐ Change Delete 709.5 Adenie: BILE WAVE STREET ADDRESS STREET ADDRESS 0/1Y-51-**7**-2 Q1Y-51-Z9 Delete ☐ Change Accided TITLE WE NAME STEET ADDPESS STREET ADDRESS CITY-ST-ZP CITY-ST-7/2 ☐ Delete DAF ☐ Chance ☐ Acidition m -MME STREET ADDRESS STREET ADDRESS CITY-ST-ZP DTY-51-ZP

12. Thereby certify that the information supplied with this filting 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment without an adverse, with all other tike empowered.

SIGNATURE:

ED OR PRINTED HANGE OF SIGNING OFFICER OR DIRECTOR

Care

Dayone Plane #