2008 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

indicated on this report or supplemental report is true of the corporation or the receiver or trustee or fower

May 01, 2008 8:00 am Secretary of State **DOCUMENT # P06000124274** 05-01-2008 90246 005 ***150.00 MULTISERVICES BY US CORP Principal Place of Business Mailing Address 8701 WILES RD 8701 WILES RD 206 CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 04072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4 EEI Number 20-5624067 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MESA, DAVID A DO NOT WRITE **8701 WILES RD** 206 IN THIS SPACE CORAL SPRINGS, FL 33067 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MESA, DAVID A NAME 8701 WILES RD AP 206 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33067 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directored to execute this report as required by Chapter 607, Fiorida Statutes; and that my name appears in Block 10 or Block 11 if

FILED