

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90003 020 ***150.00

DOCUMENT # P07000044204 1. Entity Name DTCC SYSTEM MULTI SERVICE CORP.					
Principal Place of Business 1840 NW 34TH STREET MIAMI, FL 33142			Mailing Address 1840 NW 34TH STREET MIAMI, FL 33142		
2. Principal Place of Business - No P.O. Box # 1840 NW 34th St Suite, Apt. #, etc. Miami - Florida			3. Mailing Address 1840 NW 34th St Suite, Apt. #, etc. Miami - Florida		
City & State 33142 WSA		City & State MIAMI Florida		4. FEI Number 56-2660359	
Zip 33142		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOR, CAMAY 1840 NW 34TH STREET MIAMI, FL 33142 305-924-7428				7. Name and Address of New Registered Agent Name: JEAN L. CHAMPAGNE Street Address (P.O. Box Number is Not Acceptable): 113 NW 54th Street City: MIAMI FL 33137	
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 registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME DOR, CAMAY STREET ADDRESS 1840 NW 34TH STREET CITY-ST-ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete SAME		TITLE P NAME DOR CAMAY STREET ADDRESS 1840 NW 34TH STREET CITY-ST-ZIP MIAMI, FL 33142	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MILORD, MARIE STREET ADDRESS 1840 NW 34TH STREET CITY-ST-ZIP MIAMI, FL 33142	<input type="checkbox"/> Delete NO CHANGE		TITLE Director NAME JEAN-L. CHAMPAGNE STREET ADDRESS 113 NW 54th Street CITY-ST-ZIP MIAMI FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME NOZAN, JOSEPH STREET ADDRESS 1840 NW 34TH STREET CITY-ST-ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete SAME		TITLE S. NAME NOZAN JOSEPH STREET ADDRESS 1840 NW 34TH STREET CITY-ST-ZIP MIAMI, FL 33142	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MILORD, JOSEPH STREET ADDRESS 1840 NW 34TH STREET CITY-ST-ZIP MIAMI, FL 33142	<input type="checkbox"/> Delete ELVIS CHANGE		TITLE F NAME MILORD ELVIS STREET ADDRESS 1840 NW 34TH STREET CITY-ST-ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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 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 with an address, with all other like empowered.					
SIGNATURE: <i>Camay</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 5-3-08-305-924-7428 <small>Date Daytime Phone #</small>		