


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000101325					
1. Entity Name MULTISERVICES & TOURS, INC.					
Principal Place of Business 9380 SUNRISE LAKES BLV, APT 205 BLD 116 #205 SUNRISE, FL 33322			Mailing Address 9380 SUNRISE LAKES BLV, APT 205 BLD 116 #205 SUNRISE, FL 33322		
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9380 Sunrise Lakes Blv. Same Suite, Apt. #, etc. Suite, Apt. #, etc. apt. 205 #205					
City & State Sunrise FLA		City & State Sunrise FLA		4. FEI Number 26-0890408	
Zip 33322		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSPITIA, MANUEL J. 9380 SUNRISE LAKES BLVD APT 205 BLDG 116 SUNRISE, FL 33322				7. Name and Address of New Registered Agent Name _____ Street Address (P O. Box Number is Not Acceptable) _____ City _____ FL 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 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 \$550.00 Due by September 28, 2012		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE DP	NAME OSPITIA, MANUEL J.		<input type="checkbox"/> Delete		
STREET ADDRESS 9380 SUNRISE LAKES BLVD APT 205 BLDG 116	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY - ST - ZIP SUNRISE, FL 33322	500237305055 07/10/12--01024--009 **158.75				
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 persons empowered.					
SIGNATURE: _____ DATE: _____ E-MAIL ADDRESS: _____					

FILED

2012 JUL 10 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05072012 Chg-P CR2E034 (12/11)

Applied For
Not Applicable

Additional Fee Required

Name
Street Address (P O. Box Number is Not Acceptable)
City FL Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DP
NAME
OSPITIA, MANUEL J.
STREET ADDRESS
9380 SUNRISE LAKES BLVD APT 205 BLDG 116
CITY - ST - ZIP
SUNRISE, FL 33322

☐ Delete
☐ Change ☐ Addition

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SIGNATURE: _____ **DATE:** _____ **E-MAIL ADDRESS:** _____

MANUEL J. S.
June 1-2012 @Yahoo.com