

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000129293

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** JIREH MULTISERVICES INC.

**Current Principal Place of Business:**

3202 POOLSIDE DR  
GREENACRES, FL 33463 PB

**New Principal Place of Business:**

4722 FOREST HILL BLVD  
WEST PALM BEACH, FL 33415 PB

**Current Mailing Address:**

3202 POOLSIDE DR  
GREENACRES, FL 33463 PB

**New Mailing Address:**

4722 FOREST HILL BLVD  
WEST PALM BEACH, FL 33415 PB

**FEI Number:** 26-1494828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VELASCO, MARIA E  
3202 POOLSIDE DR  
GREENACRES, FL 33463 PB US

**Name and Address of New Registered Agent:**

VELASCO, MARIA E  
4722 FORET HILL BLVD  
WEST PALM BEACH, FL 33415 PB 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:** MARIA VELASCO

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P.T  
**Name:** VELASCO, MARIA E  
**Address:** 4722 FOREST HILL BLVD  
**City-St-Zip:** WEST PALM BEACH, FL 33415 PB

**Title:** VP,  
**Name:** RODRIGUEZ, JHON M  
**Address:** 4722 FOREST HILL BLVD  
**City-St-Zip:** WEST PALM BEACH, FL 33415 PB

I hereby 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 all other like empowered.

**SIGNATURE:** MARIA VELASCO

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date