

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000038575

FILED
Apr 12, 2009
Secretary of State

Entity Name: PROFESSIONAL MULTI SERVICES, INC

Current Principal Place of Business:

2124 AIRPORT PILLING RD
D
NAPLES, FL 34112

Current Mailing Address:

2124 AIRPORT PILLING RD
D
NAPLES, FL 34112

New Principal Place of Business:

2124 AIRPORT PILLING RD
D-113
NAPLES, FL 34112

New Mailing Address:

2124 AIRPORT PILLING RD
D-113
NAPLES, FL 34112

FEI Number: 26-3310158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OCTAVIUS, AMONSEUL
3325 AIRPORT PULLING RD
SUITE #Q7
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

OCTAVIUS, AMONSEUL OWNER
3325 AIRPORT PULLING RD
SUITE #Q7
NAPLES, FL 34105 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: AMONSEUL OCTAVIUS

04/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OCTAVIUS, AMONSEUL
Address: 3325 AIRPORT RD Q7
City-St-Zip: NAPLES, FL 34105

Title: VP () Delete
Name: MERCURE, WEBERT
Address: 3210 BERMUDA ISLE 1232
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: OCTAVIUS, AMONSEUL OWNER
Address: 3325 AIRPORT PULLING RD Q7
City-St-Zip: NAPLES, FL 34105

Title: VP (X) Change () Addition
Name: YRVANA, OCTAVIUS
Address: 3325 AIRPORT PULLING RD APT Q-7
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: OWNER/ AMONSEUL OCTAVIUS

DR

04/12/2009

Electronic Signature of Signing Officer or Director

Date