2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065894

Entity Name: HURRICANE MULTI SERVICES. INC

FILED Jun 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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3425 PINEWALK DR 2017 NW 46 AVENUE

110 SUITE 502

FORT LAUDERDALE, FL 33063 LAUDERHILL, FL 33313

Current Mailing Address: New Mailing Address:

3425 PINEWALK DR 2017 NW 46 AVENUE

10 SUITE 502

FORT LAUDERDALE, FL 33063 LAUDERHILL, FL 33313

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

GEDEON, MAX R
3425 PINEWALK DR
GEDEON, MAX R
2017 NW 46 AVENUE

110 SUITE 502

FORT LAUDERDALE, FL 33063 US LAUDERHILL, FL 33313 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: PATRICK PAUL 06/18/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 GEDEON, MAX R
 Name:

 Address:
 4831 NW 11 PLACE
 Address:

 City-St-Zip:
 LAUDERHILL, FL 33313
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 ANDRE, ALIX
 Name:

 Address:
 3425 PINEWALK DR # 110
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL 33063
 City-St-Zip:

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: MAX RUBENS GEDEON P 06/18/2009