

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000061042

FILED  
Apr 10, 2010  
Secretary of State

**Entity Name:** REST ASSURED MULTI- SERVICES, CORP.

**Current Principal Place of Business:**

18459 PINES BLVD.  
SUITE 241  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18459 PINES BLVD.  
SUITE 241  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

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

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

MICHEL, JEAN  
18459 PINES BLVD.  
SUITE 241  
PEMBROKE PINES, FL 33029 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PMGR  
Name: MURIELLE, JOSEPH  
Address: 18459 PINES BLVD.  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D  
Name: MICHEL, JEAN  
Address: 18459 PINES BLVD.  
City-St-Zip: PEMBROKE PINES, FL 33029

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: JEAN MICHEL

RA

04/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date