

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000083768

Entity Name: M.S. MULTISERVICES, INC.

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6095 WEST 18 AVENUE  
APT # S-102  
HIALEAH, FL 33012 US

## **New Principal Place of Business:**

4965 E 4 AVE  
HIALEAH, FL 33013 US

## **Current Mailing Address:**

6095 WEST 18 AVENUE  
APT # S-102  
HIALEAH, FL 33012 US

## **New Mailing Address:**

4965 E 4 AVE  
HIALEAH, FL 33013 US

FEI Number: 27-1149776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERNANDEZ, SAELMY  
61 W 64 STREET  
HIALEAH, FL 33013 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

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: HERNANDEZ, SAELMY  
Address: 4965 E. 4 AVE  
City-St-Zip: HIALEAH, FL 33013 US

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: SAELMY HERNANDEZ

P

04/26/2011

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

\_\_\_\_\_  
Date