

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000100787

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** ESPINOZA MULTI SUPPORT CORP

**Current Principal Place of Business:**

924 ROBERT RD UNIT 95  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

924 ROBERT RD UNIT 95  
HAINES CITY, FL 33844 US

**New Mailing Address:**

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

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

ESPINOZA, PAULINO  
924 ROBERTS RD UNIT 95  
HAINES CITY, FL 33844 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: ESPINOZA-HERRERA, PAULINO  
Address: 924 ROBERTS RD UNIT 95  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP  
Name: ESPINOZA, OLGA  
Address: 924 ROBERTS RD UNIT 95  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP  
Name: ESPINOZA, MARTHA  
Address: 924 ROBERTS RD UNIT 95  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP  
Name: ESPINOZA, MARIA  
Address: 924 ROBERTS RD UNIT 95  
City-St-Zip: HAINES CITY, FL 33844 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: PAULINO ESPINOZA

P

04/29/2011

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

\_\_\_\_\_  
Date