

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000085574

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** CARRANDI MULTISERVICES INC

**Current Principal Place of Business:**

2909 W JEAN ST  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

2909 W JEAN ST  
TAMPA, FL 33614 US

**New Mailing Address:**

**FEI Number:** 45-3445612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRANDI MARQUEZ, LEMUEL  
2909 W JEAN ST  
TAMPA, FL 33614 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: CARRANDI MARQUEZ, LEMUEL  
Address: 2909 W JEAN ST  
City-St-Zip: TAMPA, FL 33614 US

Title: VP  
Name: NODARSE, WILLIAN  
Address: 2909 W JEAN ST  
City-St-Zip: TAMPA, FL 33614

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: LEMUEL CARRANDI

P

04/27/2012

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

\_\_\_\_\_  
Date