2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000025138

1. Entity Name
SOUTH AMERICAN MULTI SERVICE CONSULTANT, INC.

FILED
Mar 05, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
561 NE 79TH ST STE 203 MIAMI, FL 33138	561 NE 79TH ST STE 203 MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE

03022007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0651645	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOMOND, FRANCISCO
561 NE 79TH ST
SUITE 203
MIAMI, FL 33138

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000655442 03/13/07-80106-019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPT
NAME	DOMOND, FRANCISCO
STREET ADDRESS	561 NE 79TH ST
CITY-ST-ZIP	MIAMI, FL 33138

TITLE	DVS
NAME	DOMOND, FRANKLIN
STREET ADDRESS	561 NE 79TH ST
CITY-ST-ZIP	MIAMI, FL 33138

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____   03-01-2007   305 757-7440
              SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #