

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007468

Entity Name: PS. MULTIPLE SERVICES, INC.

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

851 SW 1ST
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

851 SW 1 ST
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0807168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, REYNALDO MR
851 SW 1 ST
MIAMI, FL 33135 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: P () Delete
Name: PEREZ, REYNALDO
Address: 851 SW 1 ST
City-St-Zip: MIAMI, FL 33135 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: KAPUA, AMBER
Address: 851 SW 1 ST
City-St-Zip: MIAMI, FL 33135 US

Title: AVP () Change (X) Addition
Name: QUINTANA DE FANA, FREYRE
Address: 851 SW 1 ST
City-St-Zip: MIAMI, FL 33135 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: REYNALDO PEREZ

P

01/03/2008

Electronic Signature of Signing Officer or Director

Date