

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074499

FILED
Jan 06, 2006
Secretary of State

Entity Name: TREASURE COAST MULTI SERVICE CENTER, INC.

Current Principal Place of Business:

7800 S.W. 87TH AVENUE
SUITE #B250
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7800 S.W. 87TH AVENUE
SUITE #B250
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0961062 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RIVERA, ANGEL M
2971 S.W. 136TH COURT
MIAMI, FL 33175 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: VD () Delete
Name: RAMIREZ, WILMA
Address: 2971 S.W. 136TH COURT
City-St-Zip: MIAMI, FL 33175

Title: PT () Delete
Name: RIVERA, ANGEL M
Address: 2971 S.W. 136TH COURT
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: RIVERA, WILMA
Address: 2971 S.W. 136TH COURT
City-St-Zip: MIAMI, FL 33175

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGEL M. RIVERA

PT

01/06/2006

Electronic Signature of Signing Officer or Director

_____ Date