

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90088 014 \*\*\*150.00

**DOCUMENT # P99000110173**

1. Entity Name  
**MULTI SERVICES OF THE PALM BEACHES, INC.**



Principal Place of Business

4195 TURNBERRY CIRCLE  
802  
LAKE WORTH, FL 33463 US

Mailing Address

4195 TURNBERRY CIR  
802  
LAKE WORTH, FL 33467 US

40047441



02282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0981583**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JIMENEZ, MARIA C  
3286 ARCARA WAY  
APT. 409  
LAKE WORTH, FL 33467

Mr. Juan Jose Jimenez  
4195 Turnberry Cir Apt 802  
Lake Worth, FL 33467-4012

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JIMENEZ, JUAN J
STREET ADDRESS	4195 TURNBERRY CIR 802
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	V
NAME	JIMENEZ, MARAI C
STREET ADDRESS	3286 ARCARA WAY (409)
CITY-ST-ZIP	WEST PALM BEACH, FL 33487
TITLE	V
NAME	JAIRO, JIMENEZ J
STREET ADDRESS	CIRCLE 3 66 B 169
CITY-ST-ZIP	MEDELLIN COLUMBIA,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUAN JIMENEZ

4-6-06