| me and Ad | dress of Current Registered Agent: | | | | |
|--|--|------------|--|--|--|
| NDON, EDUA NE 175TH ST RTH MIAMI BI | | | | | |
| above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. | | | | | |
| SNATURE: | EDUARDO RONDON | 02/02/2022 | | | |
| | Electronic Signature of Registered Agent | Date | | | |

DOCUMENT# P09000078699

Entity Name: MIAMI GARDENS MULTISERVICES, INC.

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

4526 NW 183RD STREET MIAMI GARDENS. FL 33055

Current Mailing Address:

4526 NW 183RD STREET MIAMI GARDENS. FL 33055 US

FEI Number: 27-2228203

SIG

Nam

RON 860 N NOR

| Electronic Signature of Registered Agent | | | | | |
|--|---------------------------|----------------------------|-----------------|----------------------|--|
| | Officer/Director Detail : | | | | |
| | Title | P, T | Title | VP | |
| | Name | ROSE, ADALGISA | Name | RONDON, EDUARDO A | |
| | Address | 860 NE 175TH STREET | Address | 860 NE 175 STREET | |
| | City-State-Zip: | NORTH MIAMI BEACH FL 33162 | City-State-Zip: | MIAMI BEACH FL 33162 | |

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: ADALGISA ROSE

PRESIDENT

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 02, 2022 Secretary of State 1545502541CC

Certificate of Status Desired: No