


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90234 048 \*\*\*150.00

<b>DOCUMENT # P06000064573</b> 1. Entity Name <b>MULTIASP CORP.</b>					
Principal Place of Business <b>444 BRICKELL AVE. SUITE 800 MIAMI, FL 33131</b>			Mailing Address <b>444 BRICKELL AVE. SUITE 800 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 310794</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>MIAMI</b>  Zip      Country <b>33231-0794 USA</b>		4. FEI Number <b>20-4905383</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>OYOLA, CARLOS M 444 BRICKELL AVE. SUITE 800 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <u><b>CARLOS M OYOLA</b></u> DATE <u><b>MAY 1, 2008</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P OYOLA, JESUS E 444 BRICKELL AVE - SUITE 800 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS OYOLA, CARLOS M 444 BRICKELL AVE STE 800 MIAMI, FL 33131</b>	<input type="checkbox"/> Delete			
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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: <u><b>CARLOS M OYOLA</b></u> <b>MAY 1, 2008</b> <b>786 497 8588</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>		