


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90124 014 ***150.00

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DOCUMENT # P96000013209					
1. Entity Name MULTOPLEX PROPERTIES, INC.					
Principal Place of Business 1710 WEST KENNEDY BOULEVARD TAMPA, FL 33606 US			Mailing Address 1710 WEST KENNEDY BOULEVARD TAMPA, FL 33606 US		
2. Principal Place of Business 5607 JOHNS RD		3. Mailing Address 5607 JOHNS RD.			
Suite, Apt. #, etc. SUITE 1001		Suite, Apt. #, etc. SUITE 1001			
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33634		Country HILLSBOROUGH		4. FEI Number 65-0670564	
Zip 33634		Country HILLSBOROUGH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ITALIANO, SALVATORE A 1710 WEST KENNEDY BOULEVARD TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5607 JOHNS RD, SUITE 1001 City TAMPA FL Zip Code 33634		
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. SALVATORE A. ITALIANO, PRESIDENT					
SIGNATURE: <i>Salvatore A. Italiano</i>		DATE: July 5, 2005			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ITALIANO, SALVATORE A 1710 WEST KENNEDY BOULEVARD TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5607 JOHNS RD, SUITE 1001 TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Salvatore A. Italiano</i>		SAL ITALIANO		7/5/05 (813) 251-1253	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	