

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90370 004 ***150.00

DOCUMENT # P96000013209

1. Entity Name
MULTOPLEX PROPERTIES, INC.



Principal Place of Business 5607 JOHNS ROAD SUITE 1001 TAMPA, FL 33634 US	Mailing Address 5607 JOHNS ROAD SUITE 1001 TAMPA, FL 33634 US
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DO NOT WRITE IN THIS SPACE

40074200



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0670564	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ITALIANO, SALVATORE A
5607 JOHNS ROAD, SUITE 1001
TAMPA, FL 33634

**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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD ITALIANO, SALVATORE A 5607 JOHNS ROAD, SUITE 1001 TAMPA, FL 33634
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Salvatore A. Italiano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 251-1253
Date Daytime Phone #

SALVATORE A. ITALIANO, PRESIDENT