

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 490150

1. Entity Name
MULTIFUNDING AGENCY, INC.



Principal Place of Business
**2960 NE 45 STREET
LIGHTHOUSE PT, FL 33064 US**

Mailing Address
**P. O. BOX 5850
LIGHTHOUSE PT., FL 33074 US**



04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1631495

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEUTSCH, JOAN B.
2960 NE 45TH STREET
LIGHTHOUSE POINT, FL 33064**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	DEUTSCH, JOAN B
STREET ADDRESS	2960 NE 45TH ST
CITY - ST - ZIP	LIGHTHOUSE PT, FL 00000.
TITLE	VP
NAME	PARADISE, JILL A
STREET ADDRESS	5299 NW 84TH WAY
CITY - ST - ZIP	CORAL SPRINGS, FL
TITLE	S
NAME	DEUTSCH, DONALD N
STREET ADDRESS	2960 NE 45TH ST.
CITY - ST - ZIP	LIGHTHOUSE PT., FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/23/08-80035-008 150.00

**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: Joan B Deutsch **JOAN B DEUTSCH P**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-08

Date

(954) 943-2700

Daytime Phone #