

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002914

Entity Name: MULTI-BANK SECURITIES, INC.

FILED  
Jan 29, 2004  
Secretary of State

**Current Principal Place of Business:**

24280 WOODWARD  
PLEASANT RIDGE, MI 48069

**New Principal Place of Business:**

**Current Mailing Address:**

24280 WOODWARD  
PLEASANT RIDGE, MI 48069

**New Mailing Address:**

FEI Number: 38-2781895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DREWS, MICHAEL W  
2400 E. COMMERCIAL BLVD.  
# 815  
FT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

DREWS, MICHAEL W  
2400 E. COMMERCIAL BLVD.  
# 812  
FT LAUDERDALE, FL 33308 US

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.

SIGNATURE: MICHAEL W. DREWS

01/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: MACCAGONE, JEFFEREY  
Address: 925 THREE MILE DRIVE  
City-St-Zip: GROSSE POINTE, MI 48230

Title: SDC ( ) Delete  
Name: MACCAGNONE, DAVID T  
Address: 434 NE 9TH STREET  
City-St-Zip: BOCA RATON, FL 33432

Title: PD ( ) Delete  
Name: DREWS, MICHAEL W  
Address: 434 NE 9TH STREET  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DAVID T. MACCAGNONE

SDC

01/29/2004

Electronic Signature of Signing Officer or Director

Date