2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 08, 2005 08:00 AM Secretary of State DOCUMENT # G65861 1. Entity Name MULTI-FAB ENTERPRISES, INC. Principal Place of Business Mailing Address P O BOX 1745 OKEECHOBEE FL 34973 1777 EN PARK ST OKEECHOBEE FL 34974 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2342420 Not Applicable Zip Country Žiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENO, JEFFREY 4227 SE 27TH ST Street Address (P.O. Box Number is Not Acceptable) **OKEECHOBEE FL 34974** Zip Code FI. 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 reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Change NAME RENO, CAROLE NAME 4227 SE 27TH ST STREET ADDRESS STREET ADDRESS U00000255500 CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME RENO, JEFF NAME 4227 SE 27TH ST SIRFET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974 CHTY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME RENO, CAROLE STREET ADDRESS STREET ADDRESS 4227 SE 27TH ST CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL TITLE Delete THIF [] Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 inport 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 of 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.

Anole Remo 3/105 863-763-0592

ROBERTOR Davison Phone if