2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012987

Entity Name: MULTIVENDAS LLC

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

231 MALLORY CT 1060 BRIAR RIDGE RD WESTON, FL 33326 WESTON, FL 33327

Current Mailing Address: New Mailing Address:

231 MALLORY CT 1060 BRIAR RIDGE RD WESTON, FL 33326 WESTON, FL 33327

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

ARINCI, FRANCISCO A
231 MALLORY CT
WESTON, FL 33326 US
ARINCI, FRANCISCO A
1060 BRIAR RIDGE RD
WESTON, FL 33327 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: FRANSCISCO ARINCI 04/28/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

 Name:
 ARINCI, FRANCISCO A
 Name:
 ARINCI, FRANCISCO A

 Address:
 231 MALLORY CT
 Address:
 1060 BRIAR RIDGE RD

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 WESTON, FL 33327

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ARINCI, MARIA R Name: ARINCI, MARIA R

Name: ARINCI, MARIA R

Address: 231 MALLORY CT

City-St-Zip: WESTON, FL 33326

Name: ARINCI, MARIA R

Address: 1060 BRIAR RIDGE RD

City-St-Zip: WESTON, FL 33327

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANCISCO ARINCI P 04/28/2005