

FILED

Apr 27, 2005 8:00 am
Secretary of State

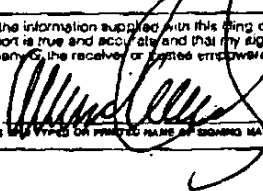
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Sent By: ;

3054441742;

4/8/1

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000069561			
1. Entity Name MULTI FORM INVESTMENTS, LLC			
Principal Place of Business 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134		Mailing Address 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
03232005 Chg-LLC CP2E0B3 (10/03)		Not Applicable	
5. Certificate of Status Desired ☐		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134		Name: Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____			
Filing Fee is \$60.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR JOSE HAROLD CARVAJAL 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR AMPARO CARVAJAL 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. 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 is true and accurate and that my 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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		HAROLD CARVAJAL MANAGER 4/1/05 40305-444-1741	
SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Designation	