

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04986</b> 1. Entity Name <b>MULTIVAC INC.</b>	
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Principal Place of Business <b>C/O ATLANTIC TOURS</b> <b>45 EAST SHERIDAN</b> <b>DANIA, FL 33004 US</b>	Mailing Address <b>C/O ATLANTIC TOURS</b> <b>45 EAST SHERIDAN</b> <b>DANIA, FL 33004 US</b>
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03052003 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2541236</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF MIAMI</b> <b>1500 EDWARD BALL BUILDING</b> <b>100 CHOPIN PLAZA</b> <b>MIAMI, FL 33131</b>	DO NOT WRITE IN THIS SPACE
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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 file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>MICHEL, YVON</b> <b>45 EAST SHERIDAN RD</b> <b>DANIA, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000160530  
 05/17/04-80002-009 158.75

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 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:** *Yvon Michel* **YVON MICHEL PRES** **MAY 11-04** **(514)871-5100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #