


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90017 036 ***150.00

DOCUMENT # M90488
 1. Entity Name
MULTIBUSINESSCORPORATION



Principal Place of Business C/O RAMON GOMEZ, CPA 782 NW 42 AVE., #447 MIAMI, FL 33126 US	Mailing Address C/O RAMON GOMEZ, CPA 782 NW 42 AVE., #447 MIAMI, FL 33126 US
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54008565



2. Principal Place of Business 1400 S.W. 27TH AVE. Suite, Apt. #, etc. SUITE 102 City & State MIAMI, FL. Zip 33145 Country	3. Mailing Address 1400 S.W. 27TH AVE. Suite, Apt. #, etc. SUITE 102 City & State MIAMI, FL. Zip 33145 Country
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02052004 Chg-P CR2E034(10/03)

4. FEI Number 65-0066552	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, RAMON
 782NW42AVE
 SUITE447
 MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1400 S.W. 27TH AVE. SUITE 102
 City **MIAMI** **FL** Zip Code **33145**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LOPEZ, TAVAZZANI, JOSER 782NW42AVE., SUITE447 MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, TAVAZZANI, JOSER 782NW42AVE., SUITE447 MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, TAVAZZANI, F. 782NW42AVE., SUITE447 MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1400 S.W. 27TH AVE. STE 102 MIAMI, FL. 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1400 S.W. 27TH AVE. STE 102 MIAMI, FL. 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1400 S.W. 27TH AVE. STE 102 MIAMI, FL. 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jose R Lopez TAVAZZANI **FEB 16, 2004** **305 644 1223**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #