


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M90488
 1. Entity Name
MULTIBUSINESS CORPORATION



Principal Place of Business 1400 SW 27TH AVE. STE. 102 MIAMI, FL 33145 US	Mailing Address 1400 SW 27TH AVE. STE. 102 MIAMI, FL 33145 US
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01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0066552	Applied For 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
 1400 SW 27TH AVE.
 STE. 102
 MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

DATE: 04/12/05-80023-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS LOPEZ, TAVAZZANI, JOSE R 1400 SW 27TH AVE. STE. 102 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, TAVAZZANI, JOSE R 1400 SW 27TH AVE., STE. 102 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, TAVAZZANI, F. 1400 SW 27TH AVE., STE. 102 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 LOPEZ TAVAZZANI, JOSE R 2/15/05 3056441223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #