


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M90488**

1. Entity Name  
**MULTIBUSINESS CORPORATION**



Principal Place of Business <b>1400 SW 27TH AVE.          STE. 102          MIAMI, FL 33145 US</b>	Mailing Address <b>1400 SW 27TH AVE.          STE. 102          MIAMI, FL 33145 US</b>
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**DO NOT WRITE IN THIS SPACE**



02072006 No Chg-P CR2E034 (11/05)

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate filing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

000000509028  
 04/28/06-80029-013 150.70

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	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Fernando Lopez Tavazzani** **April 7, 2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #