


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # M90488 1. Entity Name MULTIBUSINESS CORPORATION	
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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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04172007 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent Signature required when nonexisting) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTS LOPEZ, TAVAZZANI, JOSE R 1400 SW 27TH AVE. STE. 102 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LOPEZ, TAVAZZANI, JOSE R 1400 SW 27TH AVE., STE. 102 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD LOPEZ, TAVAZZANI, F. 1400 SW 27TH AVE., STE. 102 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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05/22/07-80028-020 150.00

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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: T.R. LOPEZ TAVAZZANI 4/20/2007 305 644 1223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #