

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 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**

**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0066552**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

DATE  
**06/03/08-80072-021 150.00**

10. OFFICERS AND DIRECTORS

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

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #