2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90050 012 ***150.00

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DOCUMENT # P00000027669

1. Entity Name
MULTI AUDIO INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7357 NW 54 ST. MIAMI, FL 33166	7357 NW 54 ST. MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
2553 WEST 76TH ST.	2553 WEST 76TH ST.
Suite, Apt. #, etc. # 102.	Suite, Apt. #, etc. # 102.
City & State HIALEAH FL	City & State HIALEAH FL
Zip 33016. Country	Zip 33016. Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0998635
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AVILAN, MANFREDO ~~7357 NW 54TH ST.~~ MIAMI, FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) 2553 WEST 76TH ST. APT # 102. City HIALEAH. FL Zip Code 33016.

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 _____ DATE
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD AVILAN, MANFREDO ~~7357 N.W. 54TH ST.~~ MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2553 WEST 76 ST. # 102 HIALEAN FL 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD REY, RAMOS IRMA ~~2553 W. 76 ST. APT. 102~~ HIALEAH, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2553 WEST 76TH ST. #102. HIALEAN FL 33016.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ZULUAGA, AKARDO ZAPATA CARRERA 38, NO. 8A-08, STAND 39 AL 42 SANTA FE DE BOGOTA, COLUMB,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #