
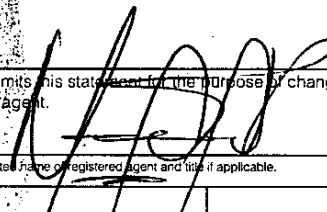
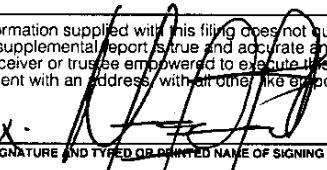


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90315 017 ***150.00

DOCUMENT # P00000027669 1. Entity Name MULTI AUDIO INTERNATIONAL, INC.					
Principal Place of Business 2553 WEST 76TH ST #102 HIALEAH, FL 33016			Mailing Address 2553 WEST 76TH ST #102 HIALEAH, FL 33016		
2. Principal Place of Business 2693 WEST 73rd PL.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH FL		City & State		4. FEI Number 65-0998635	
Zip 33016		Country		Applied For Not Applicable	
Zip 33016		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AVILAN, MANFREDO 8553 WEST 76TH ST APT 3102 HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 2693 WEST 73rd PL 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 <u>X</u>  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 2553 WEST 76TH ST #102 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2693 WEST 73rd PLACE HIALEAH FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REY, RAMOS IRMA 2553 W 76 ST APT 102 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2693 WEST 73rd PLACE HIALEAH 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.		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	
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: <u>X</u> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

50043034



04012005 Chg-P CR2E034 (10/03)