


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90048 046 ***150.00

DOCUMENT # P00000059614 1. Entity Name FLORIDA MULTIBUSINESS CORP.			
Principal Place of Business 888 BRICKELL AVE, 5TH FLOOR MIAMI, FL 33131		Mailing Address 888 BRICKELL AVE, 5TH FLOOR MIAMI, FL 33131	
2. Principal Place of Business 7036 SW 48 LANE Suite, Apt. #, etc. MIAMI, FL. City & State MIAMI, FL. Zip 33155 Country USA		3. Mailing Address 6800 SW 40th ST Suite, Apt. #, etc. #293 City & State MIAMI, FL. Zip 33155 Country USA	
4. FEI Number 51-0454895		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAEZ, PEDRO P 888 BRICKELL AVE, 5TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: Monique Troncone, CPA Street Address (P.O. Box Number is Not Acceptable) 499 E. Palmetto Park Rd. Suite 207 City Boca Raton FL Zip Code 33432	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 03/19/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	D <input type="checkbox"/> Delete BURG, JOSE LEOPOLDO 7036 SW 48TH LN MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MENDIRI DE BURG, MARIA 7036 SW 48TH LN MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date March 19, 2005 Daytime Phone # 561-417-0308	