2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004953

Name:

Address: City-St-Zip: ITRIAGO, HUMBERTO

MIAMI, FL 33172

2201 N.W. 102ND PLACE BAY #3

ne: MULTIPHONE WHOLESALE IN

FILED Apr 30, 2004 Secretary of State

Entity Name: MULTIPHONE WHOLESALE, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
BAY #3	102ND PLAC	CE			
MIAMI, FL					
Current Mailing Address:			New Mailing Address:		
2201 N.W. BAY #3	102ND PLAC	DE			
MIAMI, FL	33172 MI				
FEI Number:	: 01-0576662	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agen				f New Registered Agent:	
GONZALEZ, NAYIBE 2201 N.W. 102ND PLACE BAY #3 MIAMI, FL 33172 MI					
	named entity of Florida.	submits this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
Electronic Signature of Registered Agent			nt	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PADRON, OR	2ND PLACE BAY #3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GONZALEZ, N	2ND PLACE BAY #3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HUMBERTO ITRIAGO D 04/30/2004