## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2008 08:00 Al Secretary of State

ANNUAL REPORT						
DOCUMENT # P0200008650			6 5 Za			
1. Entity Name MULTICO	ntrol, Inc.					
Principal Place		Mailing Address 710 NORTH 68TH AVE	•			
HOLLYWOOD,		HOLLYWOOD, FL 33024		 		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb 47-085		CR2E034 (11/05)  Applied For Not Applicable
					of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				
ORJUELA, JOSE E 710 NORTH 68TH AVE HOLLYWOOD, FL 33024			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for toons of registered agent.	ne purpose of changing its register	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I em familiar with, and accept
. SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	ed Agent signatura require	d when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be ded to Fees	U0000 04/10/08	0872580 -80045-014 150.00
10.	OFFICERS AND D	RECTORS	_			
TITLE	PD OR HIELA 100E E					
name Street address	ORJUELA, JOSE E 710 NORTH 68TH AVE					
CITY-ST-ZIP	HOLLYWOOD, FL 33024					
IIILE	VSD		1			
NAME	GUZMAN, RUBEN D					
STREET ADDRESS	710 NORTH 68TH AVE HOLLYWOOD, FL 33024		Į.			
CITY-ST-ZIP	HOLLTWOOD, PL 33024		1			
IIILE NAME			i .		i	
STREET ADORESS				DO.	NOT W	RITE
CITY-ST-ZIP			-			
FITLE				IN	THIS SF	ACE
NAME STREET ADDRESS						
CITY-ST-ZIP			.]			
INTLE						
NAME CTRLLT ANNOUGE			Ì			•
STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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 to see 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 tike empowered.

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

Erresto Ornela

03-10-08

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