2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011865

MULGOLLITIONIC INC

Title:

Name: Address:

City-St-Zip:

FILED May 13, 2006 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
10021 SW 162 CT MIAMI, FL 33196				6845 SW 144 ST VILLAGE OF PALMETTO BAY, FL 33158		
Current Ma	iling Address	:	New Mailin	New Mailing Address:		
10021 SW 162 CT MIAMI, FL 33196				6845 SW 144 ST VILLAGE OF PALMETTO BAY, FL 33158		
FEI Number:	01-0585359	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of	Status Desired (X)	
Name and Address of Current Registered Agent:			Name and A	Name and Address of New Registered Agent:		
6845 S.W.	EZ, MIRELLA I 144TH STREE F PALMETTO	Г ВАҮ, FL 33158 US				
The above in the State		bmits this statement for the p	ourpose of changing its	registered office or regist	ered agent, or both,	
SIGNATUR						
	Electronic	Signature of Registered Age		Date		
		g	ent	Date		
		2)(b), F.S., the corporation did no			B	
Election Cam		2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice			
Election Cam	paign Financing AND DIRECT PD ()[HERNANDEZ, MI 6845 S.W. 144Th	2)(b), F.S., the corporation did no Trust Fund Contribution (). ORS: Delete RELLA I	ot receive the prior notice		RS AND DIRECTORS:	
Election Cam OFFICERS Title: Name: Address:	paign Financing AND DIRECT PD ()E HERNANDEZ, MI 6845 S.W. 144TH VILLAGE OF PAL	2)(b), F.S., the corporation did not frust Fund Contribution (). ORS: Delete RELLA I H STREET METTO BAY, FL 33158 Delete GUEL T	ADDITIONS Title: Name: Address:	S/CHANGES TO OFFICEI	RS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MIRELLA I. HERNANDEZ MS. 05/13/2006

() Delete

VILLAGE OF PALMETTO BAY, FL 33158

HERNANDEZ, MIRELLA I

6845 S.W. 144TH STREET

() Change () Addition