

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90209 028 ***150.00

DOCUMENT # P02000081360

1. Entity Name
MULTIMIND GROUP, INC



Principal Place of Business

1449 N. 14TH WAY
204
HOLLYWOOD, FL 33020

Mailing Address

1449 N. 14TH WAY
204
HOLLYWOOD, FL 33020

54039173



DO NOT WRITE IN THIS SPACE

02112004 No Chg-P CR2E034 (10/03)

4. FEI Number

52-2367326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DUQUE, LUIS M
1449 N 14TH WAY., STE 204
HOLLYWOOD, FL 33020

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent Signature required when reestablishing.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUQUE, LUIS M
STREET ADDRESS	1449 N 14TH WAY., STE 204
CITY-STATE-ZIP	HOLLYWOOD, FL 33020
TITLE	VP
NAME	ALLEN, JESSICA
STREET ADDRESS	1449 N 14TH WAY., STE 204
CITY-STATE-ZIP	HOLLYWOOD, FL 33020
TITLE	S
NAME	DUQUE, DIEGO - Diego
STREET ADDRESS	1449 N 14TH WAY., STE 204
CITY-STATE-ZIP	HOLLYWOOD, FL 33020
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

954-929-3286

DATE OF FILING