

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000085570

Entity Name: MULTIFILM CORP.

FILED
Jul 15, 2005
Secretary of State**Current Principal Place of Business:**312 MINORCA AVENUE
SUITE 1018
CORAL GABLES, FL 33134**New Principal Place of Business:**CAPITAL PLAZA II, 301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801**Current Mailing Address:**312 MINORCA AVENUE
SUITE 1018
CORAL GABLES, FL 33134**New Mailing Address:**CAPITAL PLAZA II, 301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801

FEI Number: 55-0797653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:JCHPA REGISTERED AGENTS INC.
2730 SW 3 AVENUE
SUITE 401
MIAMI, FL 33129 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PSTD () Delete
Name: LAZARDE, ISMAEL
Address: CALLE CANGILON, RES. MONTEGRANDE APTD. 31B
City-St-Zip: CARACAS, -- ----- VE**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ISMAEL LAZARDE

PSTD

07/15/2005

Electronic Signature of Signing Officer or Director

Date