

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000106421

1. Entity Name
MULTIPLIC REAL ESTATE INVESTMENTS, INC.



Principal Place of Business Mailing Address

**17008 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160** **17008 COLLINS AVENUE
SUNNY ISLES BEACH, FL 33160**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
13-4247065 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LERMAN, ISIDORO
48 E. FLAGLER ST.
PENTHOUSE 101
MIAMI, FL 33131**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NUNES, JOSE A
STREET ADDRESS	17008 COLLINS AVENUE
CITY ST ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	D
NAME	NUNES, NADIR
STREET ADDRESS	17008 COLLINS AVENUE
CITY ST ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000455615
03/15/06-80066-006 150.00

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed or on an attachment with an address with all other like empowered.

SIGNATURE: Jose A P Nunes Jose Augusto Pereira Nunes 02/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-956-5900