

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP -5 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08312006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000058439 1. Entity Name MULTI CORPORATE ADMINISTRATION INC.					
Principal Place of Business 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131			Mailing Address 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 65-0342806			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE SERVICES, LLC 520 BRICKELL KEY DRIVE O-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 rechartering)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAVEN, SAMUEL P 520 BRICKELL KEY DRIVE SUITE #0-305 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Alvarez, Jose 520 Brickell Key Dr. # 0-305 MIAMI, FL 33131	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARISTONDO, HILDIE 520 BRICKELL KEY DRIVE SUITE #0-305 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000079733160 09/12/06--01068--005 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASKIN, YUZIK 520 BRICKELL KEY DRIVE SUITE #0-305 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREMMAN, STEPHEN 520 BRICKELL KEY DRIVE SUITE #0-305 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUEVARA, ANA 520 BRICKELL KEY DRIVE SUITE #0-305 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 if changed, or on an attachment with an address, without other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			8/31/06 (305) 374-3800 Date Daytime Phone #		

20. 9/6