

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000092777			
1. Entity Name MULTIKWIP, INC.			
Principal Place of Business 1031 IVES DAIRY ROAD SUITE 228 MIAMI, FL 33179		Mailing Address 1031 IVES DAIRY ROAD SUITE 228 MIAMI, FL 33179	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1230 NW 19 2LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pembroke Pines FL	
Zip	Country	Zip	Country
		33029	USA
4. FEI Number 54-2123583		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required. ☐	
8. Name and Address of Current Registered Agent MORANTIS, GEORGE 16919 NW 57 AVE. MIAMI, FL 30055		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
9. 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 registrant agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		8. 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	P GUNN, ARLENE 1123 GLENGAD RUN ORMOND BEACH, FL 33174	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President MICHAEL GUNN 1230 NW 19 2LN Pembroke Pines FL 33029 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 807, 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: <u>Michael Gunn</u> MICHAEL GUNN		3/27/07 9542049945	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	

FILED

07 MAY -7 AM 11: 50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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