

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90308 045 ***150.00

DOCUMENT # P03000149091 1. Entity Name MULTIPLE REAL ESTATE CORPORATION			
Principal Place of Business 1760 WEST 41 ST. #B HIALEAH, FL 33012		Mailing Address 1760 WEST 41 ST. #B HIALEAH, FL 33012	
2. Principal Place of Business 3450 WEST 84 STREET		3. Mailing Address 3450 WEST 84 STREET	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201	
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA	
Zip 33018		Zip 33018	
Country USA		Country USA	
4. FEI Number 20-0647075		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAVERAN, NELSON 1760 WEST 41 ST. #B HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name NELSON GRAVERAN Street Address (P.O. Box Number is Not Acceptable) 3450 WEST 84 STREET SUITE 201 City HIALEAH FL Zip Code 33018	
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 PRCS. 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GRAVERAN, NELSON 1760 WEST 41 ST. #B HIALEAH, FL 33012 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRAVERAN, NELSON 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD OLIVEROS, ALDO 1760 WEST 41 ST. #B HIALEAH, FL 33012 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD OLIVEROS, ALDO 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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: PRCS.		Date 4/22/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	