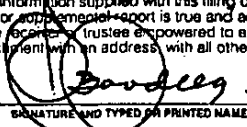


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 22, 2005 8:00 am
Secretary of State

04-07-2005 90032 038 ***150.00

DOCUMENT # P04000005322					
1. Entity Name MULTIPRODUCTS, CORP.					
Principal Place of Business 3481 NW 48 ST MIAMI, FL 33142			Mailing Address 3481 NW 48 ST MIAMI, FL 33142		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0855817	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALFONSO, JULIO M 12718 NW 8 LANE MIAMI, FL 33182				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	TITLE	NAME
	PD	EMINY, ANTONIO J	1620 SW 87 PLACE MIAMI, FL 33165		ERMINY, ANTONIO J.
	VD	BARDELLA, RICARDO E	1620 SW 87 PLACE MIAMI, FL 33165		
	STD	ALFONSO, JULIO M	12718 NW 8 LANE MIAMI, FL 33182		
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 person 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: 			3/31/05 305 596 1281		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66012313



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