

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90128 036 ***150.00

DOCUMENT # P05000038558

1. Entity Name

TITAN MULTI-STRATEGY FUND, INC.



Principal Place of Business

6400 CONGRESS AVENUE, SUITE 2700
BOCA RATON FL 33487

Mailing Address

6400 CONGRESS AVENUE, SUITE 2700
BOCA RATON FL 33487



2. Principal Place of Business

9936 GRANDE VERDE WAY
Suite, Apt. #, etc.

3. Mailing Address

9936 GRAND VERDE WAY
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

20-2540983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

33428

Zip

Country

33428

6. Name and Address of Current Registered Agent

HONIG, JONATHAN
6400 CONGRESS AVENUE, SUITE 2700
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9936 GRAND VERDE WAY

City

BOCA RATON

FL

Zip Code

33428

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

X

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

X

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE M ☐ Delete
NAME HONIG, JONATHAN
STREET ADDRESS 6400 CONGRESS AVENUE, SUITE 2700
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9936 GRAND VERDE WAY
CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/21/06 561 445 3665
Daytime Phone #