


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90389 018 ***150.00

DOCUMENT # P05000130932		
1. Entity Name O.R. MULTI - INVESTMENTS, INC.		

Principal Place of Business 251 -174TH STREET #1809 SUNNY ISLES, FL 33160	Mailing Address 251 -174TH STREET #1809 SUNNY ISLES, FL 33160
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2. Principal Place of Business 1681 E Golfview Dr	3. Mailing Address 1681 E Golfview Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fleming Beach, FL	City & State Fleming Beach, FL
Zip 33026	Zip 33026
Country Broward.	Country Broward.



04122006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3594264		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 INCOME TAX CENTER & MORE, INC. 9970 SW 40TH STREET MIAMI, FL 33165		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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RENDON, OMAR 251 - 174 TH STREET SUNNY ISLES, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.

SIGNATURE:  Omar Rendon 4/12/06 (305) 336-4612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #