## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000078490

Address:

City-St-Zip:

654 WOODGATE CIRCLE

WESTON, FL 33326

FILED Apr 28, 2009 Secretary of State

Entity Name: MULTIPLICANDO, INC. **Current Principal Place of Business: New Principal Place of Business:** 5075 NW 79TH AVENUE DORAL, FL 33166 **Current Mailing Address: New Mailing Address:** 5075 NW 79TH AVENUE DORAL, FL 33166 FEI Number: 26-3223845 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARIA EUGENIA OCHOA, PA MARIA EUGENIA OCHOA, PA 2025 SACRAMENTO 313 S. KETCH DRIVE WESTON, FL 33326 WESTON, FL 33326 US 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. SIGNATURE: MARIA EUGENIA OCHOA 04/28/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DAVIES, BERTHA Name: Name: 16543 NW 82ND AVENUE Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete CATHALINA, ALOIS Name: Name: 7135 COLLINS AVENUE, APT 604 Address: Address: MIAMI BEACH, FL 33141 City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition TRFA () Delete TRFA OCHOA, MARIA E OCHOA, MARIA E Name: Name: 313 S. KETCH DRIVE 2025 SACRAMENTO Address: Address: City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326 Title: SECR ( ) Delete Title: () Change () Addition ECHEVERRI, JUAN C Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BERTHA DAVIES **PRES** 04/28/2009