## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 10, 2006 08:00 AM Secretary of State

Caytime Phone 6

DOCUMENT # P93000007192  1. Entity Name MULTI COMMERCE, INC.				~ •	0100011	~ • • • • • • • • • • • • • • • • • • •
Principal Place of Business 5701 SW 132ND TERR, MIAMI, FL		Mailing Address 5701 SW 132ND TERR. MIAMI, FL				
E	OO NOT WRITE	IN THIS SPA	ÇE	, , , , , , , , , , , , , , , , , , , ,		Applied For Not Applicable
				5. Certificate of Stat	us Desired 🔲 🖁	8.75 Additional ee Required
VIVES, AN 5701 SW MIAMI, FL	132ND TERR.	DO NOT WRITE IN THIS SPACE				
<ol> <li>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.</li> </ol>						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when refinatoring)						
FILE NOWIII FEE IS \$150.00 8. Election Campaign Financing After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees		-
10. ( ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DI VIVES, ANTONIO J 5701 SW 132ND TERR, MIAMI, FL	RECTORS			D0000498N13	a state
NAME STREET AUDRESS CITY-S1-2IP				B4/2	00000498 <u>01</u> 3 2/06-80079-00	4 150.00
title name street address city-st-zip	•			DO NO	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THI	S SPACE	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				and the second second second		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	* 4 .					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and courage and that my signature shall have the same legal effect as if made under call; that I am an officer or director of the corporation or the receives 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 indicase, with all other like empowered.						

OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR