

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000036853

1. Entity Name

Multi-Computer International
Inc.



05 AUG 25 AM 10:59

DO NOT WRITE IN THIS SPACE

600059177726
08/31/05--01035--008 **300.00

2. Principal Place of Business

7570 NW 14 ST

Suite, Apt. #, etc.

Suite 112

City & State

Miami FL

Zip

33126

Country

USA

3. Mailing Address

7570 NW 14 ST

Suite, Apt. #, etc.

Suite 112

City & State

Miami FL

Zip

33126

Country

USA

REINSTATEMENT 04-05
650409593

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Carlos A. Molina

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

7570 NW 14 ST STE 112

City Miami

FL

Zip Code

33126

**DO NOT WRITE
IN THIS SPACE**

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:

Carlos Molina

Signature, typed or printed name of registered agent and file # applicable

(NOTE: Registered Agent signature required when withdrawing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

B. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

President
Carlos A. Molina
7570 NW 14 ST STE 112
Miami FL 33126

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

Carlos Molina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

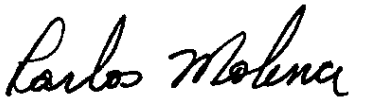
EXCESS FEE #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 and 2005 or any other notice from the Division of Corporations in respect with the Corporation, **MULTI-COMPUTER INTERNATIONAL, INC.**

Thank you for your courtesy in this matter.


CARLOS A. MOLINA
PRESIDENT
