## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000019108

City-St-Zip:

Entity Name: MULTIFAMILY ENTERPRISES, INC.

DEERFIELD BEACH, FL 33402

FILED Jan 08, 2006 Secretary of State

| Current Principal Place of Business:  |  |                                  | New Principal Place of Business:             |  |
|---|--|----------------------------------|--|--|
|   | . 45TH AVENUI<br>ELD BEACH, FL           |                                  |  |  |
| Current Mailing Address:  |  |                                  | New Mailing Address:                         |  |
| PO BOX<br>DEERFIE   | 4891<br>ELD BEACH, FL                    | . 33442                          |  |  |
| FEI Numbe   | er: 65-0564904                           | FEI Number Applied For ( )       | FEI Number Not Applicable ( )                | Certificate of Status Desired (X)      |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |                                  |  |  |
| 311 NW 4  | NU, RICHARD<br>45TH AVE<br>ELD BEACH, FL | . 33442 US                       |  |  |
|   | e named entity<br>te of Florida.         | submits this statement for the p | purpose of changing its registered           | d office or registered agent, or both, |
| SIGNATU   | JRE:                                     |                                  |  |  |
|   | Electro                                  | nic Signature of Registered Ag   | ent  | Date                                   |
| Election Ca   | ampaign Financir                         | g Trust Fund Contribution ( ).   |  |  |
| OFFICERS AND DIRECTORS:   |  |                                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:   | PTSD (<br>BIENVENU, RI<br>311 NW 45TH    |                                  | Title:<br>Name:<br>Address:                  | ( ) Change ( ) Addition                |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: RICHARD BIENVENU PTSD 01/08/2006