

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022543

FILED
Jul 12, 2006
Secretary of State

Entity Name: MULTIFACETED FINANCIAL, MANAGEMENT, CONSULTING, E-COMMERCE & INTL COMMERCE SOLUTIONS INC.

Current Principal Place of Business:

291 NORTHWEST 177TH STREET
UNIT C217
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

291 NORTHWEST 177TH STREET #C217
C/O PO BOX 694281
MIAMI, FL 33269

New Mailing Address:

FEI Number: 65-0903675 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BAPTISTE, JOHN P
Address: 291 NORTHWEST 177TH STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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: JOHN P BAPTISTE

PRES

07/12/2006

Electronic Signature of Signing Officer or Director

_____ Date