

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90096 036 ***550.00

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1. Entity Name

MULTINEGOCIOS INTERNATIONAL, INC.



Principal Place of Business

12515 ORANGE DR
#806
DAVIE FL 33330

Mailing Address

12515 ORANGE DR
#806
DAVIE FL 33330



2. Principal Place of Business

1820 N. Corporate Lakes Blvd.
Suite, Apt. #, etc. 301

3. Mailing Address

1820 N. Corporate Lakes Blvd.
Suite, Apt. #, etc. 301

1st MOORE

CR2E034 (10/04)

City & State

Weston, FL
Zip 33331 Country

City & State

Weston, FL
Zip 33331 Country

4. FEI Number

65-0937360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOVOA, MELBA M
2187 NW 139 AVE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name Novoa, Melba M.

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

1820 N. Corporate Lakes Blvd.

Suite 301

City Weston

FL

Zip Code

33331

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME NOVOA, NORELLA
STREET ADDRESS 2187 NW 139 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE S ☐ Delete
NAME NOVOA, MERCEDES
STREET ADDRESS 2187 NW 139 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE V ☐ Delete
NAME NOVOA, MELBA
STREET ADDRESS 2187 NW 139 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE T ☐ Delete
NAME NOVOA, YESID
STREET ADDRESS 2187 NW 139 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melba M. Novoa, VP 5/20/2005 954-424-3456