


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90031 036 ***150.00

DOCUMENT # P99000097323 1. Entity Name MULTICOSAS IMPORT CORPORATION	
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Principal Place of Business 5750 COLLINS AVE 8H MIAMI BEACH, FL 33140	Mailing Address 5750 COLLINS AVE 8H MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE

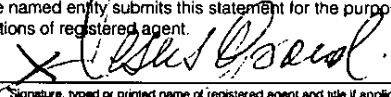
03042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1084420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GIRAUD, JESUS E
5750 COLLINS AVE.
8H.
MIAMI BEACH, FL 33140**

**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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

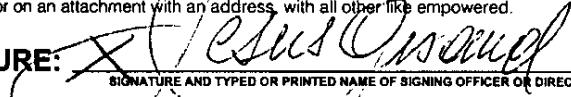
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D GIRAUD, JESUS E 5750 COLLINS AVENUE #8H MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/P MARTINELLI, ALEJANDRA L 5750 COLLINS AVENUE #8H MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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See Attached

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **03.27.08** Daytime Phone # **305.866.7050**