2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P99000106565

MULTIMEDIA CONSULTING & INVESTMENT, INC.



FILED Apr 05, 2004 08:00 AM Secretary of State

Principal Place of Business

10 SAMANTHA DR MONROE, NI 08831 Mailing Address

10 SAMANTHA DR MONROE, NJ 08831

DO NOT WRITE IN THIS SPACE

03182004 No Chg-P	CR2E03	CR2E034 (10/03)		
4. FEI Number		Applied For		
65-0968295		Not Applicable		
5. Certificate of Status Desired		8.75 Additional		

Fee Required

6. Name and Address of Current Registered Agent

HORWITZ, WAYNE CPA 3511 WEST COMMERCIAL BLVD STE 402 FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and utile if	applicable (NOTE, Registered A	Agent signature	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAZOVSKIY, LEONID 9350 SOUTH DIXIE HIGHWAY PH 2 MIAMI, FL 33156				U00000102875 04/05/04-80033-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CHERTKPV, YEVGENIY 10 SAMANTHA DR MONROE, NJ 08831				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		332			
TITLE		1			

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: Y

NAME STREET ADDRESS CITY-ST-ZIP

732 6959455