


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90178 007 \*\*\*150.00

<b>DOCUMENT # P99000106565</b> 1. Entity Name <b>MULTIMEDIA CONSULTING &amp; INVESTMENT, INC.</b>					
Principal Place of Business <b>10 SAMANTHA DR MONROE, NJ 08831</b>			Mailing Address <b>10 SAMANTHA DR MONROE, NJ 08831</b>		
2. Principal Place of Business <b>800 Corporate Drive</b> Suite, Apt. #, etc. <b>Suite 310</b> City & State <b>Fort Lauderdale, FL</b> Zip <b>33334</b>		3. Mailing Address <b>800 Corporate Drive</b> Suite, Apt. #, etc. <b>Suite 310</b> City & State <b>Fort Lauderdale, FL</b> Zip <b>33334</b>		4. FEI Number <b>65-0968295</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HORWITZ, WAYNE CPA 3511 WEST COMMERCIAL BLVD STE 402 FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name <b>Wayne Horwitz, C.P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>800 Corporate Drive</b> Suite 310 City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33334</b>	
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: <u><i>Wayne Horwitz</i></u> <b>Wayne Horwitz, C.P.A.</b> DATE: <b>5-2-05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTD LAZOVSKIY, LEONID 9350 SOUTH DIXIE HIGHWAY PH 2 MIAMI, FL 33156</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVD CHERTKPV, YEVGENIY 10 SAMANTHA DR MONROE, NJ 08831</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Wayne Horwitz</i></u> <b>Wayne Horwitz CPA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>5-2-05</b> Daytime Phone #: <b>954-771-7011</b>		

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