2004 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # S01120 1. Entity Name MULTIMAR PRODUCTS, INC. Principal Place of Business Mailing Address 4503 NW 103 AVE 4503 NW 103 AVE SUITE 103 SUITE 103 SUNRISE, FL 33351 SUNRISE, FL 33351 US CR2E034 (10/03) 01062004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0221759 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORNEJO, RICARDO A. DO NOT WRITE 4503 NW 103 AVE **SUITE 103** IN THIS SPACE SUNRISE, FL 33351 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 000000027441 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 02/03/04-80047-005 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. IIILE D CORNEJO, RICARDO NAME 14601 CEDAR CREEK PLACE STREET ADDRESS CRTY-ST-ZIP DAVIE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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.

CIGNIATIDE.

TILLE NAME STREET ADDRESS CITY-ST-ZIP

