**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 26, 2023**
**Secretary of State**
**5786820972CC**

DOCUMENT# 490152

**Entity Name:** MULTIFUNDING, INC.

**Current Principal Place of Business:**

2960 NE 45TH ST.
LIGHTHOUSE POINT, FL 33064

**Current Mailing Address:**

P.O. BOX 5850
LIGHTHOUSE POINT, FL 33074 US

**FEI Number: 59-1631896**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEUTSCH, JOAN B.
2960 NE 45TH STREET
LIGHTHOUSE PNT, FL 33064 US

*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.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | P | Title | VP |
| Name | DEUTSCH, JOAN B | Name | PARADISE, JILL A |
| Address | 2960 NE 45TH ST | Address | 11163 BOCA WOODS LN |
| City-State-Zip: | LIGHTHOUSE POINT FL 33064 | City-State-Zip: | BOCA RATON FL 33428 |
| Title | S | Title | T |
| Name | DEUTSCH, DONALD N | Name | DEUTSCH, JOAN B |
| Address | 2960 NE 45TH ST. | Address | 2960 NE 45TH ST. |
| City-State-Zip: | LIGHTHOUSE POINT FL 33064 | City-State-Zip: | LIGHTHOUSE POINT FL 33064 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: JILL PARADISE VP 01/26/2023

Electronic Signature of Signing Officer/Director Detail — Date