

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002963

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** MULTI-BANK SERVICES, LTD. COMPANY

**Current Principal Place of Business:**

24280 WOODWARD  
PLEASANT RIDGE, MI 48069

**New Principal Place of Business:**

**Current Mailing Address:**

24280 WOODWARD  
PLEASANT RIDGE, MI 48069

**New Mailing Address:**

**FEI Number:** 38-2584711      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DREWS, MICHAEL W  
2400 E. COMMERCIAL BLVD., #812  
FT. LAUDERDALE, FL 33308 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** SD  
**Name:** MACCAGNONE, JEFFERY  
**Address:** 5 BAKER LANE  
**City-St-Zip:** GROSSE POINTE FARMS, MI 48236

**Title:** DT  
**Name:** DREWS, MICHAEL W  
**Address:** 434 NE 9TH ST.  
**City-St-Zip:** BOCA RATON, FL 33432

**Title:** D  
**Name:** SINGH, RANJIT  
**Address:** 1 KOZHEVNITCHESKY PROEZD  
**City-St-Zip:** MOSCOW, RU 115114

**Title:** PDC  
**Name:** MACCAGNONE, DAVID T  
**Address:** 5020 NE 2ND WAY  
**City-St-Zip:** DEERFIELD BEACH, 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: DAVID T. MACCAGNONE

CEO

01/05/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date