
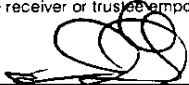


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90035 010 ****50.00

DOCUMENT # L04000017866 1. Entity Name MP NETWORK MARKETING, LLC			
Principal Place of Business 1221 SW 27 AVENUE SUITE 200 MIAMI, FL 33135		Mailing Address 1221 SW 27 AVENUE SUITE 200 MIAMI, FL 33135	
2. Principal Place of Business - No P.O. Box # 901 Brickell Key Blvd Suite, Apt. #, etc. #3008 City & State Miami, Fl 33131 Zip _____ Country _____		3. Mailing Address 901 Brickell Key Blvd Suite, Apt. #, etc. #3008 City & State Miami, Fl 33131 Zip _____ Country _____	
4. FEI Number 20-0839240		01162007 Chg-LLC CR2E083 (12/06) Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent GARCIA, JOSE 1221 SW 27 AVENUE SUITE 200 MIAMI, FL 33135	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE _____ NAME MGRM STREET ADDRESS GARCIA, JOSE CITY-ST-ZIP 1221 SW 27 AVENUE, SUITE 200 MIAMI, FL 33135	<input type="checkbox"/> Delete	TITLE _____ NAME MGRM STREET ADDRESS Garcia, Jose CITY-ST-ZIP 901 BRICKELL Key Blvd #3008 Miami, Fl 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME AMAYA, RUDOLF STREET ADDRESS 1221 SW 27 AVE. STE 200 CITY-ST-ZIP MIAMI, FL 33135	<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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  JOSE GARCIA (D12) 1-23-07 386429808 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			