
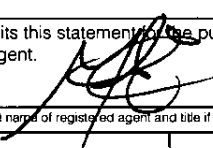



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000009933</b> 1. Entity Name <b>MC MULTIPLES DECORATIONS LLC</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">07 MAR 30 AM 10:26</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>1829 NW 4TH STREET SUITE #1 MIAMI, FL 33125</b>				Mailing Address <b>1829 NW 4TH STREET SUITE #1 MIAMI, FL 33125</b>			
2. Principal Place of Business - No P.O. Box # <b>19201 Collins Ave</b>				3. Mailing Address <b>444 Brickell Ave</b>			
Suite, Apt. #, etc. <b>Suite: 131A</b>				Suite, Apt. #, etc. <b>#51443</b>			
City & State <b>Sunny Isles FL</b>				City & State <b>Miami FL</b>			
Zip <b>33160</b>		Country <b>USA</b>		Zip <b>33131</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>MICHAEL GARRIZO 1829 NW 4TH STREET SUITE #1 MIAMI FL 33125</b>				7. Name and Address of New Registered Agent Name <b>Carrizo, Misael</b> Street Address (P.O. Box Number is Not Acceptable) <b>455 NE 25ST #401</b> City <b>Miami</b> FL Zip Code <b>33137</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 				DATE <b>3/29/07</b>			
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 STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MISAEEL GARRIZO</b> <b>1829 NW 4TH STREET SUITE #1</b> <b>MIAMI, FL 33125</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Misael Carrizo</b> <b>455 NE 25ST #401</b> <b>Miami FL 33137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>LEONARDO, PASTRANA S</b> <b>1829 NW 4TH STREET SUITE #1</b> <b>MIAMI, FL 33125</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300095988433</b> <b>04/06/07- 01041-006 **\$0.00</b> <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	<b>Global Trust Network Inc.</b> <b>444 Brickell Ave</b> <b>#51443</b> <b>Miami FL 33131</b> <input type="checkbox"/> Change <input checked="" 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: 				DATE <b>3/29/07</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #			