


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90118 044 ****50.00

DOCUMENT # L06000083651	
1. Entity Name MULTIPLYING YOUR SERVICES, L.L.C.	

Principal Place of Business 5378 NORTHWEST 29TH AVENUE MIAMI, FL 33142	Mailing Address 5378 NORTHWEST 29TH AVENUE MIAMI, FL 33142
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2. Principal Place of Business - No P.O. Box # 5378 N.W 29th Avenue	3. Mailing Address Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33142	Country

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8254578	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSEPH, DIANNE 5378 NORTHWEST 29TH AVENUE MIAMI, FL 33142	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 title if applicable.	DATE

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSEPH, DIANNE 5378 NORTHWEST 29TH AVENUE MIAMI, FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Dianne Joseph	4-18-07	(786) 553-2045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		