


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90143 030 \*\*\*150.00

<b>DOCUMENT # P02000060498</b> 1. Entity Name <b>MULTI CORPORATE SERVICES INC.</b>					
Principal Place of Business <b>520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131</b>			Mailing Address <b>520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>04-3680070</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>TRANSGLOBAL CORPORATE SERVICES, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 BRICKELL KEY DR, 0-305</b> City <b>MIAMI, FL</b> Zip Code <b>33131</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYSINA, NADEZDA <input checked="" type="checkbox"/> Delete 520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAVEN, SAMUEL P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 520 BRICKELL KEY DR, STE 0-305 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS GAYSINA, NADEZDA <input checked="" type="checkbox"/> Delete 520 BRICKELL KEY DR ST 305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ITKINA, NATALIYA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 520 BRICKELL KEY DR, STE 0-305 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARISTONDO, HILDIE <input type="checkbox"/> Delete 520 BRICKELL KEY DR #305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUEVARA, ANA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 520 BRICKELL KEY DR, STE 0-305 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLAO, JOHN <input type="checkbox"/> Delete 520 BRICKELL KEY DR STE 305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D SHUBOV, LEONID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 520 BRICKELL KEY DR, STE 0-305 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GAYSIN, BORIS <input checked="" type="checkbox"/> Delete 520 BRICKELL KEY DR STE 305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASKIN, YUZIK <input type="checkbox"/> Delete 520 BRICKELL KEY DR #305 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>04/27/2004</b> Daytime Phone # <b>305-374-3800</b>		