


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000060498 1. Entity Name MULTI CORPORATE SERVICES INC.						FILED 07 AUG 10 PH 4: 22 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131				Mailing Address 520 BRICKELL KEY DRIVE 0-305 MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 04-3680070				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TRANSGLOBAL CORP. SERVICES, LLC 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALVAREZ, JOSE <input checked="" type="checkbox"/> Delete 520 BRICKELL KEY DRIVE, #0-305 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S SAMUEL P. Haven <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 520 Brickell Key Dr. #0-305 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUEVARA, ANA <input type="checkbox"/> Delete 520 BRICKELL KEY DR., SUITE 0-305 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, YUZZIK <input type="checkbox"/> Delete 520 BRICKELL KEY DR #305 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300108388343 08/21/07--01056--010 ***61.25		
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		
12. 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 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.							
SIGNATURE: <u>Yuzik Baskin</u> <u>8/8/07</u> <u>305 374 3800</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							