

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130529

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: MULTI MEDIA PROJECTS, INC.

**Current Principal Place of Business:**

925 NE 209TH STREET  
206  
MIAMI, FL 331791220 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 530186  
MIAMI SHORES, FL 331530186 US

**New Mailing Address:**

FEI Number: 06-1697272      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERCULE, JOSUE  
925 NE 209TH STREET  
206  
MIAMI, FL 331791220 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: HERCULE, JOSUE  
Address: P.O. BOX 530186  
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: P ( ) Delete  
Name: ENNEUS, GARY  
Address: P.O. BOX 530186  
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: VP ( ) Delete  
Name: SAMPSON, APRIL  
Address: P.O. BOX 530186  
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: D ( ) Delete  
Name: MONDESIR, EVENETTE  
Address: P.O. BOX 530186  
City-St-Zip: MIAMI SHORES, FL 331530186 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CHARLES, MARIE MARTHE  
Address: P.O. BOX 530186  
City-St-Zip: MIAMI SHORES, FL 331530186 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSUÉ HERCULE

CEO

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date