

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000130529

Entity Name: MULTI MEDIA PROJECTS, INC.

FILED  
Aug 02, 2007  
Secretary of State

## Current Principal Place of Business:

925 NE 209TH STREET  
206  
MIAMI, FL 331791220 US

## Current Mailing Address:

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

## New Principal Place of Business:

8362 PINES BLVD  
208  
PEMBROKE PINES, FL 33024 US

## New Mailing Address:

8362 PINES BLVD  
208  
PEMBROKE PINES, FL 33024 US

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:

HERCULE, JOSUE  
8362 PINES BLVD  
208  
PEMBROKE PINES, FL 33024 US

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:

08/02/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

Title: O ( ) Delete  
Name: LOUIS, KERNST  
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: O (X) Change ( ) Addition  
Name: HERCULE, JOSUE  
Address: 8362 PINES BLVD #208  
City-St-Zip: PEMBROKE PINES, FL 33024 US

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

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

Title: O ( ) Change (X) Addition  
Name: ANTONIO, BIEN AIME  
Address: 8362 PINES BLVD #208  
City-St-Zip: PEMBROKE PINES, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSUE HERCULE

O

08/02/2007

Electronic Signature of Signing Officer or Director

Date