

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080735

Entity Name: MG MULTISERVICES, INC.

FILED
Mar 24, 2006
Secretary of State

Current Principal Place of Business:

2680 SW FAIR ISLE
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

1646 SE NANCY LANE
PORT SAINT LUCIE, FL 34983 US

Current Mailing Address:

2680 SW FAIR ISLE
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

1646 SE NANCY LANE
PORT SAINT LUCIE, FL 34983 US

FEI Number: 20-0110904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, MARTIN
9564 CYPRESS PARK WAY
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

VARGAS, MARTIN
1646 SE NANCY LANE
PORT ST LUCIE, FL 34983 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: MARTIN VARGAS

03/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VARGAS, MARTIN
Address: 1646 SE NANCY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: D () Delete
Name: HOFBAUER, GIOVANNA
Address: 1646 SE NANCY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: VARGAS, MARTIN
Address: 1646 SE NANCY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: VPS (X) Change () Addition
Name: HOFBAUER, GIOVANNA
Address: 1646 SE NANCY LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTIN VARGAS

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03/24/2006

Electronic Signature of Signing Officer or Director

Date