2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P03000080735

Entity Name: MG MULTISERVICES, INC.

Current Principal Place of Business:

3134 SW LETCHWORT ST
PORT ST LUCIE, FL 34953 US

New Principal Place of Business:

1791 SW NEWPORT ISLES BLVD
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

3134 SW LETCHWORT ST
PORT ST LUCIE, FL 34953 US

New Mailing Address:

PO BOX 9663
WEST PALM BEACH, FL 33419 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
3134 SW LETCHWORT ST
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

VARGAS, MARTIN
1791 SW NEWPORT ISLES BLVD
PORT ST LUCIE, FL 34953 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 04/14/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: VARGAS, MARTIN
Address: 3134 SW LETCHWORT STREET
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VPS ( ) Delete
Name: HOFBAUER, GIOVANNA
Address: 3134 SW LETCHWORT ST
City-St-Zip: PORT ST LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: VARGAS, MARTIN
Address: 1791 SW NEWPORT ISLES BLVD
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: VPS (X) Change ( ) Addition
Name: HOFBAUER, GIOVANNA
Address: 1791 SW NEWPORT ISLES BLVD
City-St-Zip: PORT ST LUCIE, FL 34953 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: MARTIN VARGAS P 04/14/2009
Electronic Signature of Signing Officer or Director Date