

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000098511

Entity Name: MKT DIVERSIFIES USA INC.

FILED  
Aug 05, 2009  
Secretary of State

## Current Principal Place of Business:

295 SEVILLA AVE  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

295 SEVILLA AVE  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 26-3975339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GABRIEL TARRIS, ROBERTO A  
Address: 295 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: LOPEZ, MANUEL F  
Address: 295 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: GONZALEZ, MARIA E  
Address: 295 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TARRIS, ROBERTO A GABRIEL  
Address: 295 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D (X) Change ( ) Addition  
Name: MEDIA GLOBAL, GROUP LLC  
Address: 295 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33134

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: TARRIS ROBERTO

MR

08/05/2009

Electronic Signature of Signing Officer or Director

Date