

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

05 FEB 10 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P94000012029*

1. Entity Name
Multimedia GRAPHICS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7570 N.W. 14th St

Suite, Apt. #, etc.
106

City & State
Miami, FL

Zip
33126

Country
DADE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

County

REINSTATEMENT 04-05

DO NOT WRITE IN THIS SPACE

4. FEI Number
650497583

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Carlos Duque

Street Address (P.O. Box Number is Not Acceptable)

7570 N.W. 14th St #106

City
Miami

FL

Zip Code
33126

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Carlos P. Duque*

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

B. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution

10. OFFICERS AND DIRECTORS			
TITLE	<i>Pd</i>	TITLE	
NAME	<i>Carlos Duque</i>	NAME	
STREET ADDRESS	<i>7570 N.W. 14th St #106</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Miami, FL 33126</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carlos P. Duque*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Form #

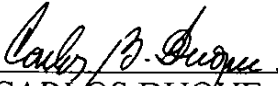
CR2E034B (1/2/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

Please be advise that we moved since August, 2004 we moved to 7570 NW 14 St., # 106 Miami, FL 33126 and we did not receive the U.B.R. for the year, 2003& 2004 or any other notice from the Division of Corporations in respect with the Corporation MULTIMEDIA GRAPHICS, INC.

Thank you for your courtesy in this matter.



CARLOS DUQUE
PRESIDENT