

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076143

Entity Name: MMEDIA RESEARCH CORP.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

1020 CORKWOOD ST
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

1020 CORKWOOD ST.
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 65-0527280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORETKIN, GUILHERME
1020 CORKWOOD ST
HOLLYWOOD, FL 33019 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FERNANDES, MARIA D
Address: 1835 E. HALLANDALE BB 336
City-St-Zip: HALLANDALE, FL 33009

Title: VSDC () Delete
Name: GORETKIN, GUILHERME
Address: 1835 E. HALLANDALE BB 336
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: GORETKIN, ELEONORA N
Address: 1835 E. HALLANDALE BB 336
City-St-Zip: HALLANDALE, FL 33009

Title: PD () Delete
Name: SMITH BAY, LEONARD
Address: 1835 E. HALLANDALE BB. 336
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: GUILHERME GORETKIN

VSDC

04/24/2007

Electronic Signature of Signing Officer or Director

Date