


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB 17 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000005079							
1. Entity Name MASS PROMOTIONS, INC.							
Principal Place of Business 8400 N.W. 52ND ST., STE. 203 MIAMI, FL 33166			Mailing Address 8400 N.W. 52ND ST., STE. 203 MIAMI, FL 33166				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 91-2122941			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DCOB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLAYA, JOAQUIN F		NAME	800029030548 02/18/04--01054--003 **150.00			
STREET ADDRESS	8400 N.W. 52ND ST., STE. 203		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP				
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BLAYA, JOAQUIN F		NAME				
STREET ADDRESS	8400 N.W. 52ND ST., STE. 203		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP				
TITLE	DEVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DAWSON, STEVEN E		NAME				
STREET ADDRESS	8400 N.W. 52ND ST., STE. 203		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP				
TITLE	CFOS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DAWSON, STEVEN E		NAME				
STREET ADDRESS	8400 N.W. 52ND ST., STE. 203		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP				
TITLE	DCOO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CANCELA, JOSE C		NAME				
STREET ADDRESS	8400 N.W. 52ND ST., STE. 203		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____			Date _____ Daytime Phone # _____				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							