


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F32362**  
 1. Entity Name  
 MAS ENTERPRISES OF FT. LAUDERDALE, INC.



Principal Place of Business      Mailing Address  
 1314 EAST PORT RD      P.O. BOX 26323  
 JACKSONVILLE, FL 32218      JACKSONVILLE, FL 32226

**DO NOT WRITE IN THIS SPACE**



01112005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2089593      Not Applicable

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

6. Name and Address of Current Registered Agent  
 LEPRELL, SAMUEL L  
 SUITE 201, ST MARKS PLACE  
 1930 SAN MARCO BLVD  
 JACKSONVILLE, FL 32207

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ARRANZ, ROBERT 1834 SPICEBERRY CIRCLE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARRANZ, JR. MARIANO 1834 SPEICEBERRY CIRCLE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARRANZ, JUDITH 1834 SPICEBERRY CIRCLE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/21/05-80029-002 150.00

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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: *Mariano Arranz Jr.*      MARIANO ARRANZ JR.      4/19/05 (904) 352-9606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #