


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # F32362

1. Entity Name
MAS ENTERPRISES OF FT. LAUDERDALE, INC.



Principal Place of Business
**1314 EAST PORT RD
JACKSONVILLE, FL 32218**

Mailing Address
**P.O. BOX 26323
JACKSONVILLE, FL 32226**

DO NOT WRITE IN THIS SPACE



04212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2089593

Applied For
 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**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

U00000733620
05/09/07-80094-004 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.** **4/23/07** **904-356-9606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #