


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90388 028 ***150.00

DOCUMENT # F51520	
1. Entity Name MASTER REPAIR, INC.	

Principal Place of Business 4700 W PROSPECT RD # 117 FORT LAUDERDALE FL 33309	Mailing Address 4700 W PROSPECT RD # 117 FORT LAUDERDALE FL 33309
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2. Principal Place of Business - No P.O. Box # 4446 SE COMMERCE AVE Suite, Apt. #, etc.	3. Mailing Address 4446 SE COMMERCE AVE Suite, Apt. #, etc.
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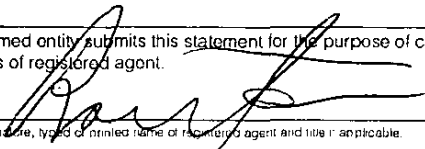
1st MOORE CR2E034 (10/06)

City & State STUART FL	City & State STUART FL
Zip 34997	Country MARTIN

4. FEI Number 59-2169595	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FLAVIN, ROSE R 12047 S INDIAN RIVER DR JENSEN BEACH FL 34957
7. Name and Address of New Registered Agent 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  DATE **4/19/07**

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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME FLAVIN, MICHAEL J.	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12047 S INDIAN RIVER DR	CITY - ST - ZIP JENSEN BEACH FL 34957	NAME	
STREET ADDRESS 12047 S INDIAN RIVER DR	CITY - ST - ZIP JENSEN BEACH FL 34957	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	STREET ADDRESS	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP	CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **4/19/07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR