


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M58931</b> 1. Entity Name <b>MOSAIC CREATIONS BY TONY MASSA, INC</b>	
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Principal Place of Business <b>106 NE 9TH ST DELRAY BEACH, FL 33444 US</b>	Mailing Address <b>106 NE 9TH ST UNIT 2 DELRAY BEACH, FL 33444 US</b>
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**DO NOT WRITE IN THIS SPACE**



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0033691</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**MASSA, LISA  
106 NE 9TH ST  
DELRAY BEACH, FL 33444**

**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, 2008 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	PT MASSA, ANTONIO 106 NE 9TH ST DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MASSA, LISA 106 NE 9TH ST DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

04/22/08-80080-017 150.00

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:** Antonio Massa - Pres., Tres. 4/8/08 561-278-3803

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