


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000055221
1. Entity Name
MASTER MACHINE SHOP, INC.



Principal Place of Business: 1063 E 27 ST, HIALEAH, FL 33013
Mailing Address: 5943 SW 151 PLACE, MIAMI, FL 33193

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)
4. FEI Number: 65-1039473 Applied For / Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEREZ, JOSE
5943 SW 151 PLACE
MIAMI, FL 33193

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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, 2004 Fee will be \$550.00

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

000000123216
04/21/04-80062-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, JOSE 5943 SW 151 PLACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAVEZ, RAMON 5943 SW 151 PLACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANG, JESUS 5943 SW 151 PLACE MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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: *[Signature]* 4/16/04 305-836-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #