

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90322 044 ***158.75

DOCUMENT # P02000078344

1. Entity Name
MASTERS TRANSFER & STORAGE, INC



Principal Place of Business
**9796 NW 14 STREET
 CORAL SPRINGS, FL 33071**

Mailing Address
**9796 NW 14 STREET
 CORAL SPRINGS, FL 33071**

14013557



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
71-0895331

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**RAGNAUTH, SHELLIZA
 9796 NW 14 STREET
 CORAL SPRINGS, FL 33071**

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 _____
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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAGNAUTH, SHILLIZA	
STREET ADDRESS	9796 NW 14 STREET	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELLIZA S. MCCARVILLE	
STREET ADDRESS	9796 NW 14th Street	
CITY-ST-ZIP	Coral Springs FL 33071	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARY PATRICK MCCARVILLE	
STREET ADDRESS	9796 NW 14th Street	
CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

Attachment PO2000078344
 14013557

Department of Health • Vital Statistics
 STATE OF FLORIDA
 MARRIAGE RECORD
 TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

DATE RETURNED: MAR 10 2004
 RECORDED: BOOK 347 PAGE 2785
 HOWARD C. FORMAN CLERK OF COURT
 BY R.L., DEPUTY CLERK

MI-WE-04-000264
 (APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) CARY PATRICK MCCARVILLE			2. DATE OF BIRTH (Month, Day, Year) APR 02, 1951	
3a. RESIDENCE - CITY, TOWN, OR LOCATION CORAL SPRINGS	3b. COUNTY BROWARD	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) ILLINOIS	
5a. BRIDE'S NAME (First, Middle, Last) SHELLIZA SANGEETA RAGNAUTH		5b. MAIDEN SURNAME (if different)	6. DATE OF BIRTH (Month, Day, Year) FEB 16, 1978	
7a. RESIDENCE - CITY, TOWN, OR LOCATION CORAL SPRINGS	7b. COUNTY BROWARD	7c. STATE FLORIDA	8. BIRTHPLACE (State or Foreign Country) GUYANA	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) Cary Patrick McCarville	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JAN 26, 2004
11. TITLE OF OFFICIAL DEPUTY CLERK LAVERNE PHILLIPS	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Laverne Phillips</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) SHELLIZA SANGEETA RAGNAUTH	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JAN 26, 2004
15. TITLE OF OFFICIAL DEPUTY CLERK LAVERNE PHILLIPS	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Laverne Phillips</i>

LICENSE TO MARRY

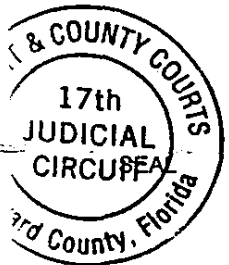
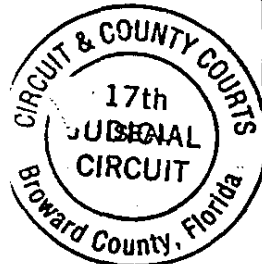
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE BROWARD	18. DATE LICENSE ISSUED JAN 26, 2004	18a. DATE LICENSE EFFECTIVE JAN 26, 2004	19. EXPIRATION DATE MAR 25, 2004
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Laverne Phillips</i>	20b. TITLE DEPUTY CLERK LAVERNE PHILLIPS	20c. BY D.C.	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) February 15th 2004	22. CITY, TOWN, OR LOCATION OF MARRIAGE Boca Raton Florida		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) + Dr. Karl Rodig	23c. ADDRESS (Of person performing ceremony) 9540 Bay Drive Subside, FL 33154		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) + Dr. Karl Rodig Bishop	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>R. Shueley</i>		
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Stanley Hoffman</i>		



SEAL

Attachment PD200078344
14013557

BROWARD COUNTY, FLORIDA
I certify this document to be a true
and correct copy of the original.
WITNESS MY HAND AND SEAL
on MAR 10 2004
HOWARD E. FORMANA
CLERK OF COUNTY & CIRCUIT COURT
BY R. Frata P.C.
BROWARD COUNTY, FLORIDA