


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90122 013 \*\*\*150.00

<b>DOCUMENT # P04000108003</b>	
1. Entity Name <b>MASS BROTHERS, INC.</b>	

Principal Place of Business <b>C/O MORTON PLANT HOSPITAL 8787 BRYAN DAIRY ROAD LARGO, FL 33777</b>	Mailing Address <b>C/O MORTON PLANT HOSPITAL 8787 BRYAN DAIRY ROAD LARGO, FL 33777</b>
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**DO NOT WRITE IN THIS SPACE**

**66020932**



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1394498</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FACKIH, MAJED N DR.  
6996 DUNCANSBY AVENUE N  
ST PETERSBURG, FL 33709**

**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  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FACKIH, AHLAM 6996 DUNCANSBY AVENUE N ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FACKIH, NADER 6996 DUNCANSBY AVENUE N ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FACKIH, MAJED N DR 6996 DUNCANSBY AVENUE N ST PETERSBURG, FL 33709
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**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: NADER I. FACKIH (V.P.) 08-13-07 (727) 394-5137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #