

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108003

Entity Name: MASS BROTHERS, INC.

FILED  
Jan 31, 2011  
Secretary of State

## Current Principal Place of Business:

C/O MORTON PLANT HOSPITAL  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777

## Current Mailing Address:

C/O MORTON PLANT HOSPITAL  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777

FEI Number: 20-1394498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## New Principal Place of Business:

C/O MORTON PLANT HOSPITAL  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777 US

## New Mailing Address:

C/O MORTON PLANT HOSPITAL  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777 US

## Name and Address of New Registered Agent:

FACKIH, MAJED N DR.  
8787 BRYAN DAIRY ROAD  
LARGO, FL 33777 US

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.

SIGNATURE: MAJED FACKIH

Electronic Signature of Registered Agent

01/31/2011

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: FACKIH, AHLAM  
Address: 8787 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777 US

Title: VP  
Name: FACKIH, NADER  
Address: 8787 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777 US

Title: S  
Name: FACKIH, MAJED N DR  
Address: 8787 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MAJED FACKIH

Electronic Signature of Signing Officer or Director

S

01/31/2011

Date