2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000123537 1. ELET Name MASTROSERIO ENGINEERING, INC.



FILED Jan 18, 2006 08:00 AM Secretary of State

Principal Place of Business

170 SE 32ND PLACE OCALA, FL 34471 Mailing Address

170 SE 32ND PLACE OCALA, FL 34471



DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1625975 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASTROSERIO, PAOLO 170 SE 32ND PLACE OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

			114	I IIIS SPACE
8. The above the obligat	named entity submits this statement for the p tions of registered agent.	surpose of changing its registered offi	ce or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_				<u>ila na kanana kanana</u> ya
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent and title i	1 applicable (NOTE, Registered Agent	signature required when reinstating)	OATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		-
title Name Street address City-St-Zip	P/S MASTROSERIO, PAOLO 170 SE 32ND PLACE OCALA, FL 34471			U00 0 00390604 01/24/06-80005-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T MASTROSERIO, PAOLA A 170 SE 32ND PLACE OCALA, FL 34471			557 C-77 GO DOUGT-DOS (150.80)
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	
TITLE NAME STREET ADDRESS				

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:

taolol

PAOLO MASTROSERTO

1-14-06

252-542-2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te .

Daytime Phone #