2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2007 8:00 am DOCUMENT # P05000008568 **Secretary of State** 1. Entity Name 02-01-2007 90041 001 ***150.00 MAS IT SERVICES, INC. 02-01-2007 90041 002 *****8.75 Principal Place of Business Mailing Address 12035 STONE CROSSING CIRCLE 12035 STONE CROSSING CIRCLE **TAMPA FL 33635** TAMPA FL 33635 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 20-2158865 †Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAS IT SERVICES, M Masanori Tsutsui SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 12035 Stone Crossing Circ 12035 STONE CROSSING CIR TAMPA FL-33635 Zip Code 3363よ 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. Masanor: Tsutsui, President rered agent and little r applicable FILE NOW!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition HILE ☐ Delete TSUTSUI, MASANORI 12035 STONE CROSSING CIRCLE STRLET ADDRESS STREET ADDRESS **TAMPA FL 33635** CHY SI-ZIP CITY SEZIP Change Addition 11111 ☐ Defete 111116 NAME NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY ST 7P Change ■ Addition THE ☐ Delete HILL NAM NAMI STREET ADDRESS STREET ADDRESS CHY ST 7IP CITY ST ZIP Change Addition 1110 ☐ Delete STREET ADDRESS STREET ADDRESS CHY SI-ZIP CHY SEZIP Change ☐ Addition ☐ Delete 11111 NAM NAME STREET ADORESS STREET ADDRESS CHY ST 7IP CHY SI-ZIP ☐ Addition Change THE Delete TITLE NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED