


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000002666
 1. Entity Name
MASTER MECHANICAL SERVICES, INC.



Principal Place of Business 6187 N.W. 167TH ST. H-25 MIAMI, FL 33015	Mailing Address 6187 N.W. 167TH ST. H-25 MIAMI, FL 33015
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0460474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PINNA, JOANN
 49 NE 158 ST
 MIAMI, FL 33169

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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

U00000037326
 02/06/04-80093-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINNA, JOANN 49 NE 158TH ST. MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PINNA, WILLIAM 49 NE 158 ST. MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINNA, SEAN C 18241 NW 85 AVE. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOWERS, WILLIAM S 441 NW 152 STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/3/04** **305/825-3004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #