

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002666

FILED
Jan 19, 2005
Secretary of State

Entity Name: MASTER MECHANICAL SERVICES, INC.

Current Principal Place of Business:

6187 N.W. 167TH ST.
H-25
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6187 N.W. 167TH ST.
H-25
MIAMI, FL 33015

New Mailing Address:

FEI Number: 65-0460474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PINNA, JOANN
49 NE 158 ST
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PINNA, JOANN
Address: 49 NE 158TH ST.
City-St-Zip: MIAMI, FL 33162

Title: VPD () Delete
Name: PINNA, WILLIAM
Address: 49 NE 158 ST.
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: PINNA, SEAN C
Address: 18241 NW 85 AVE.
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: FLOWERS, WILLIAM S
Address: 441 NW 152 STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLOWERS, WILLIAM S
Address: 15220 S RIVER DR
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOANN PINNA

D

01/19/2005

Electronic Signature of Signing Officer or Director

_____ Date