


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # <b>P96000005659</b>					
1. Entity Name <b>MASAY ADMINISTRATIVE, INC.</b>					
Principal Place of Business <b>14905 SW 34 STREET MIAMI FL 33185</b>			Mailing Address <b>14905 SW 34 STREET MIAMI FL 33185 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0747044</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SAYEGH, RICARDO</b> <b>14905 SW 34 STREET</b> <b>MIAMI FL 33185</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYEGH, RICARDO		NAME		
STREET ADDRESS	14905 SW 34 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33185		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYEGH, NELSON		NAME		
STREET ADDRESS	14905 SW 134 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33185		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYEGH, IRENE VICTORIA		NAME		
STREET ADDRESS	14905 SW 34 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33185		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAYEGH, CLAUDIA		NAME		
STREET ADDRESS	14905 SW 34 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33185		CITY - ST - ZIP		
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CITY - ST - ZIP			CITY - ST - ZIP		



MOORE CR2E034 (11/03)

4. FEI Number **65-0747044**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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 03/01/04-80024-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Feb. 25, 2004 (305) 229-2275**