



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90049 017 \*\*\*150.00

DOCUMENT # P96000005659					
1. Entity Name MASAY ADMINISTRATIVE, INC.					
Principal Place of Business 5500 NW 74 AVE MIAMI, FL 32166			Mailing Address 2030 S. DOUGLAS RD MIAMI, FL 32166		
2030 S. DOUGLAS RD CORAL GABLES, FL 33134			2030 S. DOUGLAS RD CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 2030 S. Douglas Road		3. Mailing Address 2030 S. Douglas Road			
Suite, Apt. #, etc. #114		Suite, Apt. #, etc. #114			
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL		01292008 Chg-P CR2E034 (12/06)	
Zip 33134		Zip 33134		4. FEI Number 65-0747044	
Country MIAMI-DADE		Country MIAMI-DADE		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SAYEGH, RICARDO 14905 SW 34 STREET MIAMI, FL 33185				7. Name and Address of New Registered Agent	
2030 S. DOUGLAS RD. #114 CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				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 _____					
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee will be \$550.00</b></p>			<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SAYEGH, RICARDO			NAME	
STREET ADDRESS	14905 SW 34 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185			CITY-ST-ZIP	
TITLE	VD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SAYEGH, NELSON			NAME	
STREET ADDRESS	14905 SW 134 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185			CITY-ST-ZIP	
TITLE	S	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SAYEGH, IRENE VICTORIA			NAME	
STREET ADDRESS	14905 SW 34 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185			CITY-ST-ZIP	
TITLE	T	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SAYEGH, CLAUDIA			NAME	
STREET ADDRESS	14905 SW 34 STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33185			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	