

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F32362

1. Entity Name
MAS ENTERPRISES OF FT. LAUDERDALE, INC.



Principal Place of Business

**1314 EAST PORT RD
JACKSONVILLE, FL 32218**

Mailing Address

**P.O. BOX 26323
JACKSONVILLE, FL 32226**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2089593

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEPRELL, SAMUEL L
SUITE 201, ST MARKS PLACE
1930 SAN MARCO BLVD
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	ARRANZ, ROBERT
STREET ADDRESS	1834 SPICEBERRY CIRCLE
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	ARRANZ, JR. MARIANO
STREET ADDRESS	1834 SPICEBERRY CIRCLE
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	SD
NAME	ARRANZ, JUDITH
STREET ADDRESS	1834 SPICEBERRY CIRCLE
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000320177
04/21/05-80029-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Mariano Arranz Jr. **MARIANO ARRANZ JR.** 4/19/05 (904) 356-9606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #