

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 258519

FILED
Apr 28, 2006
Secretary of State

Entity Name: MASTER SEAT COVERS INC

Current Principal Place of Business:

1125 N W 36TH ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

1125 N W 36TH ST
MIAMI, FL 33127

New Mailing Address:

FEI Number: 59-0969805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, JOSE I
1011 S.W. 87 CT
MIAMI, FL 33174 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: PD () Delete
Name: VALDES, JOSE I
Address: 1011 SW 87TH CT
City-St-Zip: MIAMI, FL 00000,

Title: VPDT () Delete
Name: VALDES, ANA C
Address: 1011 SW 87 CT
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: PEREZ, MARIANELA
Address: 8849 SW 11TH ST
City-St-Zip: MIAMI, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOSE I VALDES

PD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date