2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 258519

Entity Name: MASTER SEAT COVERS INC

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1125 N W 36TH ST MIAMI, FL 33127

Current Mailing Address: New Mailing Address:

1125 N W 36TH ST MIAMI, FL 33127

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALDES, JOSE I 1011 S.W. 87 CT MIAMI, FL 33174 US

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:

City-St-Zip:

Floring Completes of Decisions of Asset

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 VALDES, JOSE I
 Name:
 VALDES, JOSE I

 Address:
 1011 SW 87TH CT
 Address:
 1011 SW 87TH CT

 1011 SW 87TH CT
 Address:
 1011 SW 87TH CT

 MIAMI, FL
 00000,
 City-St-Zip:
 MIAMI,, FL 33174

Title: VPDT () Delete Title: VPDT (X) Change () Addition

 Name:
 VALDES, ANA C
 Name:
 VALDES, ANA C

 Address:
 1011 SW 87 CT
 Address:
 1011 SW 87 CT

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL 33174

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 PEREZ, MARIANELA
 Name:
 PEREZ, MARIANELA

 Address:
 8849 SW 11TH ST
 Address:
 8849 SW 11TH ST

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:
 MIAMI, FL
 33174

I hereby certify that the information supplied with this filing does not qualify 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 04/08/2009