

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 499137

Entity Name: MASTRO MOTORS, INC.

FILED
Mar 27, 2007
Secretary of State

Current Principal Place of Business:

6402 W HILLSBOROUGH AVE
TAMPA, FL 336345057

New Principal Place of Business:

Current Mailing Address:

6402 W HILLSBOROUGH AVE
TAMPA, FL 336345057

New Mailing Address:

FEI Number: 59-1657347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHEN, MASTRO
6402 W. HILLSBOROUGH AVE
TAMPA, FL 336345057 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: VD () Delete
Name: MASTRO, STEPHEN
Address: 6402 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 336345057

Title: VD () Delete
Name: MASTRO, PETER
Address: 6402 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 336345057

Title: PD () Delete
Name: MASTRO, JOSEPHINE
Address: 6402 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 336345057

Title: ST () Delete
Name: MASTRO, LISA
Address: 6402 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 336345057

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:

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: LISA MASTRO

ST

03/27/2007

Electronic Signature of Signing Officer or Director

_____ Date