

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 583637**  
 1. Entity Name  
**MASS-GLOBAL, INC.**

Principal Place of Business  
**2678 MEADOWWOOD DRIVE  
 WESTON, FL 33332 US**

Mailing Address  
**PO BOX 267536  
 WESTON, FL 33326 US**



01102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1864502** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, ARCHIE  
 2678 MEADOW DR  
 FORT LAUDERDALE, FL 33332**

**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 filing (AR)G) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

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

U80000444129  
 03/06/06-80040-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST RODRIGUEZ, ARCHIE 2678 MEADOWWOOD DRIVE FT. LAUDERDALE, FL 33332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS RODRIGUEZ, SYLVIA 2678 MEADOWWOOD DRIVE FT. LAUDERDALE, FL 33332</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 partner or trustee empowered to execute this report or required by Chapter 502, 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 files empowered.

**SIGNATURE:** *[Signature]* *Sylvia Rodriguez* *2/20/06* *04/315-2168*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #