

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000478

**FILED  
Jul 02, 2004  
Secretary of State**

**Entity Name:** MASTERS RESEARCH PARTNERS INC.

**Current Principal Place of Business:**

2080 NW BOCA RATON BLVD  
#6  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2080 NW BOCA RATON BLVD  
#6  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-1036893      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RUBIN, GARY  
2080 NW BOCA RATON BLVD  
STE 6  
BOCA RATON, FL 33431 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CDPT ( ) Delete  
Name: RUBIN, GARY  
Address: 2080 NW BOCA RATON BLVD #6  
City-St-Zip: BOCA RATON, FL 33431

Title: VS ( ) Delete  
Name: KAY, GARY  
Address: 2080 NW BOCA RATON BLVD #6  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: GARY D RUBIN

CDPT

07/02/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date