

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006576

FILED  
Apr 21, 2005  
Secretary of State

Entity Name: MAS ENTERPRISE GROUP INC. (NY)

**Current Principal Place of Business:**

292 FULTON AVE., SUITE 205  
HEMPSTEAD, NY 11550

**New Principal Place of Business:**

16482 NW 16TH STREET  
SUITE 111  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

292 FULTON AVE., SUITE 205  
HEMPSTEAD, NY 11550

**New Mailing Address:**

FEI Number: 11-3453207      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

G.R. ROBBINS & ASSOCIATES, P.A.  
3375-C CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308      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: P      ( ) Delete  
Name: SALKEY, MARK A  
Address: 16482 NW 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V      ( ) Delete  
Name: SALKEY, CHARMAINE A  
Address: 16482 NW 16TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: C      (X) Delete  
Name: SLAKEY, ERROL F  
Address: 3 FREDERICK AVENUE  
City-St-Zip: FLORAL PARK, NY 11001

Title: D      (X) Delete  
Name: WISDOM, FALVIA O  
Address: 5 MCCLALLEN PLACE  
City-St-Zip: ROOSEVELT, NY 11575

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

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V      (X) Change ( ) Addition  
Name: WISDOM, FLAVIA O  
Address: 5 MCCLALLEN PLACE  
City-St-Zip: ROOSEVELT, NY 11575

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: MARK A. SALKEY

P

04/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date