

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004045

FILED
Apr 21, 2009
Secretary of State

Entity Name: MASTERPIECE SOLUTIONS, INC.

Current Principal Place of Business:

1211 N WESTSHORE BLVD #512
TAMPA, FL 33607

New Principal Place of Business:

9801 SUNRISE LAKES BLVD.
BLDG 151, SUITE 208
SUNRISE, FL 33322

Current Mailing Address:

1211 N WESTSHORE BLVD #512
TAMPA, FL 33607

New Mailing Address:

PO BOX 25192
FT. LAUDERDALE, FL 33320

FEI Number: 20-4539675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCUS, CLARK
1211 N WESTSHORE BLVD #512
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

KATZMAN, JERRY MD
9801 SUNRISE LAKES BLVD
BLDG 151, SUITE 208
SUNRISE, FL 33322 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: JERRY KATZMAN, MD

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: MARCUS, CLARK A
Address: 1211 N WESTSHORE BLVD #512
City-St-Zip: TAMPA, FL 33607

Title: VCP () Delete
Name: KATZMAN, JERRY MD
Address: P.O. BOX 339
City-St-Zip: TENNENT, NJ 07763

Title: ST () Delete
Name: MARCUS, CLARK
Address: 1211 N WESTSHORE BLVD #512
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CCEO (X) Change () Addition
Name: MARCUS, CLARK A
Address: 9512 WINDSONG LANE
City-St-Zip: TAMPA, FL 33618

Title: VCP (X) Change () Addition
Name: KATZMAN, JERRY MD
Address: 9801 SUNRISE LAKES BLVD, BLDG 151, #208
City-St-Zip: SUNRISE, FL 33322

Title: ST (X) Change () Addition
Name: KATZMAN, JERRY MD
Address: 9801 SUNRISE LAKES BLVD, BLDG 151, #208
City-St-Zip: SUNRISE, FL 33322

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: JERRY KATZMAN, MD

VCP

04/21/2009

Electronic Signature of Signing Officer or Director

Date