


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F32362 1. Entity Name MAS ENTERPRISES OF FT. LAUDERDALE, INC.	
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Principal Place of Business 1314 EAST PORT RD JACKSONVILLE, FL 32218	Mailing Address P.O. BOX 26323 JACKSONVILLE, FL 32226
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DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2089593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEPRELL, SAMUEL L
SUITE 201, ST MARKS PLACE
1930 SAN MARCO BLVD
JACKSONVILLE, FL 32207

**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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000127351
04/23/04-80070-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ARRANZ, ROBERT 1834 SPICEBERRY CIRCLE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARRANZ, JR. MARIANO 1834 SPEICEBERRY CIRCLE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARRANZ, JUDITH 1834 SPICEBERRY CIRCLE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mariano Arranz Jr. **MARIANO ARRANZ JR.** 4/21/04 9043569606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #