


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F32362
 1. Entity Name
 MAS ENTERPRISES OF FT. LAUDERDALE, INC.



Principal Place of Business Mailing Address
 1314 EAST PORT RD P.O. BOX 26323
 JACKSONVILLE, FL 32218 JACKSONVILLE, FL 32226



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2089593 Not Applicable

5. Certificate of Status Desired \$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

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

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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 05/03/06-80062-009 150.00

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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 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. 4-18-06 (904) 356-9606
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #