

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 20, 2005 8:00 am
Secretary of State

04-26-2005 90027 001 *****50.00

04-26-2005 90027 002 *****5.00

DOCUMENT # L04000049279	
1. Entity Name MASO SERVICES LLC	
Principal Place of Business 10901 BRIGHTON BAY BLVD. NORTHEAST, # ST. PETERSBURG FL 33716	Mailing Address 10901 BRIGHTON BAY BLVD. NORTHEAST, # ST. PETERSBURG FL 33716



1st MOORE CR2E083 (10/04)

2. Principal Place of Business Silk Grass Drive	3. Mailing Address Silk Grass Drive
Suite, Apt. #, etc. 10015	Suite, Apt. #, etc. 10015
City & State Orlando / Florida	City & State Orlando / Florida
Zip 32827	Country U.S.A

4. FEI Number 02-0726170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MGR FERRERO, IRAIMA 10901 BRIGHTON BAY BLVD. NORTHEAST, #5314 ST. PETERSBURG FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete ST FLORES, ROGERS 10901 BRIGHTON BAY BLVD. NORTHEAST, #5314 ST. PETERSBURG FL 33716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Irma Ferrero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-20-05

Date

4072515216

Daytime Phone #