

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M07923

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: MASSARD CONSTRUCTIONS CORPORATION

**Current Principal Place of Business:**

5775 N.W. 84TH AVE  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

5775 N.W. 84TH AVE  
MIAMI, FL 33166 US

**New Mailing Address:**

FEI Number: 59-2465716

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASSARD, ARMANDO  
8558 GLENCAIRN LANE  
MIAMI LAKES, FL 33014 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: DP ( ) Delete  
Name: MASSARD, ARMANDO,  
Address: 8558 GLENCAIRN LANE  
City-St-Zip: MIAMI LAKES, FL

Title: D ( ) Delete  
Name: MASSARD, LUZ M.,  
Address: 8558 GLENCAIRN LANE  
City-St-Zip: MIAMI LAKES, FL

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

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 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: ARAMANDO MASSARD

DP

03/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date