

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008934

Entity Name: MASLAG, INC.

FILED
Jul 21, 2004
Secretary of State

Current Principal Place of Business:

14095 W. DIXIE HWY., #108
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

356 NE 167 ST.
N.MIAMI BEACH, FL 33162

New Mailing Address:

14095 W. DIXIE HWY., #108
N.MIAMI, FL 33161 US

FEI Number: 65-1139075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINVIL, NADAB
14095 W. DIXIE HWY., #108
MIAMI, FL 33161 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: FLEURINE, ELOU
Address: 1361 SW 181ST ST.
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: DORSAINVIL, ERNSO
Address: 152 NW 17TH ST.
City-St-Zip: HOMESTEAD, FL 33030

Title: VCD () Delete
Name: SAINVIL, FEQUIERE
Address: 255 NE 48TH ST.
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: SAINVIL, NADAB
Address: 1750 NE 160TH ST.
City-St-Zip: MIAMI BCH, FL 33162

Title: D () Delete
Name: SAINVIL, FRANKLIN
Address: 1750 NE 160TH ST.
City-St-Zip: MIAMI, FL 33161

Title: D (X) Delete
Name: FAUSTIN, GERTHA
Address: 14095 W. DIXIE HWY.
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SAINVIL, FRANKLIN
Address: 1750 NE 160TH ST.
City-St-Zip: MIAMI, FL 33161

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELOU FLEURINE

CD

07/21/2004

Electronic Signature of Signing Officer or Director

Date