

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009862

FILED
Aug 09, 2005
Secretary of State

Entity Name: MASTERS & ASSOCIATES GLOBAL INC.

Current Principal Place of Business:

10400 SW 108 AVENUE
#A416
MIAMI, FL 33178

New Principal Place of Business:

Current Mailing Address:

10400 SW 108 AVENUE
#A416
MIAMI, FL 33178

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MASTERS, EZRA
10400 SW 108 AVENUE
#A416
MIAMI, FL 33178 US

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: PD () Delete
Name: MASTERS, EZRA
Address: 10400 SW 108 AVENUE #A416
City-St-Zip: MIAMI, FL 33178

Title: V () Delete
Name: RICHARDSON, MICHAEL
Address: 10400 SW 108 AVENUE #A416
City-St-Zip: MIAMI, FL 33178

Title: S () Delete
Name: RICHARDSON, KIMBERLY
Address: 10400 SW 108 AVENUE #A416
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MASTERS, EZRA
Address: 10400 SW 108 AVENUE #A416
City-St-Zip: MIAMI, FL 33178

Title: S (X) Change () Addition
Name: MASTERS, EZRA
Address: 10400 SW 108 AVENUE #A416
City-St-Zip: MIAMI, FL 33178

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: EZMAS

PD

08/09/2005

Electronic Signature of Signing Officer or Director

Date