2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N93000004361

Entity Name: M.A.S.H., INC.

Current Principal Place of Business:

1219 SW 5TH CT
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

1219 SW 5TH CT
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0381876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOISSEAU, SALLY E
1219 SW 5TH CT
FORT LAUDERDALE, FL 33312 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: DP ( ) Delete
Name: BOISSEAU, SALLY E
Address: 1219 SW 5TH CT
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: DV ( ) Delete
Name: BOISSEAU, JOHN E
Address: 1219 SW 5TH CT
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: DS ( ) Delete
Name: MATLUK, VICTORIA
Address: 501 FIRST STREET
City-St-Zip: MANCHESTER, NJ 08759

Title: T ( ) Delete
Name: MATLUK, VICTORIA
Address: 501 FIRST STREET
City-St-Zip: MANCHESTER, NJ 08759

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:

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: SALLY E. BOISSEAU DP 04/26/2004

Electronic Signature of Signing Officer or Director — Date