

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000006337**

1. Entity Name  
**MAS FAMILY FOUNDATION INC.**



Principal Place of Business  
**800 DOUGLAS ROAD, PENTHOUSE  
MIAMI, FL 33134 US**

Mailing Address  
**800 DOUGLAS ROAD, PENTHOUSE  
MIAMI, FL 33134 US**



01282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0572351**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MEDINA, ROLAND S  
2333 PONCE DE LEON  
# 302  
MIAMI, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**UD00000842310  
03/11/08-80049-015 61:25**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MAS, JORGE
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	DVT
NAME	MAS, JUAN
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	DS
NAME	MAS, JOSE R
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	D
NAME	MAS, IRMA
STREET ADDRESS	800 DOUGLAS ROAD, PENTHOUSE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #