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Secretary of State
02-28-2005 90215 023 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2

DOCUMENT # N97000004082

1. Entity Name
MASON AVENUE PROFESSIONAL CORPORATION

Principal Place of Business	Mailing Address
1517 MASON AVE UNIT SOUTH DAYTONA BCH, FL 32114	1517 MASON AVE UNIT SOUTH DAYTONA BCH, FL 32114

01242005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3466954
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCONNELL, HARRY G
444 SEABREEZE BLVD STE 900
DAYTONA BCH, FL 32118

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSENBERG, JEFFREY
STREET ADDRESS	1517 MASON AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	D
NAME	ROSENBERG, SANDRA
STREET ADDRESS	1517 MASON AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	D
NAME	ROSENBERG, BRETT A
STREET ADDRESS	1611 NW 12TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33136
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jeffrey B. Rosenberg 3/21/05 386-253441
ELECTRONIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #