

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**

|                                                                |  |                                                                                   |
|----------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N97000004082</b>                                 |  |  |
| 1. Entity Name<br><b>MASON AVENUE PROFESSIONAL CORPORATION</b> |  |                                                                                   |

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>1517 MASON AVE UNIT SOUTH<br/>DAYTONA BCH, FL 32114</b> | Mailing Address<br><b>1517 MASON AVE UNIT SOUTH<br/>DAYTONA BCH, FL 32114</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-NP CR2E037 (11/05)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3466954</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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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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

*Jeffrey B. Rosenberg*  
**Jeffrey B. Rosenberg**  
(Signature of registered agent or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

**1/20/06**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

**UD0000401818  
02/02/06-80058-023 61.25**

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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 another like empowered.

SIGNATURE:

*Jeffrey B. Rosenberg*  
**Jeffrey B. Rosenberg**  
(Signature and printed name of signing officer or director)

**1/20/06**  
Date

**386 2533141**  
Daytime Phone #