2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 09, 2004 08:00 AM Secretary of State

ANNUAL REPORT			Sep 09, 2004 08:00 A Secretary of State	
DOCUMENT # P00000086725				
Entity Name MASLIL CORPORATION				
			, and a	
Principal Place of Business	Mailing Address			
800 OCEAN DRIVE MIAMI BEACH, FL 33131	800 OCEAN DRIVE MIAMI BEACH, FL 33131			
	,		 [1	\$45 \$3 \$2 A3 A3 A3 A3 A3 A3 A3 A
			08242004	No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE		CE	4. FEI Number Applied For	
			65-104	
	1		5. Certificate	e of Status Desired
6, Name and Address of Current F	Registered Agent			
LEVINSON, EDWARD E			DO	NOT WRITE
407 LINCOLN ROAD PH-SE	ROAD		IN THIS SPACE	
MIAMI BEACH, FL 33139			IIV	I TIS SPACE
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent a	and fille if applicable (NOTE, Registers	ed Agent signature required	d when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	Election Campaign Fina Trust Fund Contribution.	ncing \$5	.00 May Be led to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND	DIRECTORS			1
TITLE PSTD NAME DIMARTINO, LILIANA				
STREET ADDRESS 800 OCEAN DRIVE	-	į.		000000171924 .09/09/04-80002-006 150.00
CITY-ST-ZIP MIAMI BEACH, FL 33139		4		.09/09/04-80002-006 150.00
I TITLE				
STREET ADDRESS				
CITY - ST - ZIP		4		
I/TLE NAME	•			
STREET ADDRESS			DO	NOT WRITE
CITY-ST-ZIP		-	_	-
NAME I			IIV	THIS SPACE
STREET ADDRESS				
CITY-\$T-ZIP		1		
NAME				
STREET ADDRESS CITY - ST - ZIP				
TITLE		1		

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 607, 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

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED/NAME OF SIGNING OFFICER OR DIRECTOR

9-01.04 35544461