

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 24, 2007  
Secretary of State**

DOCUMENT# P00000097804

Entity Name: MASTER CONSTRUCTORS & ASSOCIATES, INC.

**Current Principal Place of Business:**

3900 GALT OCEAN DRIVE #1802  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

2852 E OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

3900 GALT OCEAN DRIVE #1802  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 65-1047626      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POBLETTE, ROBERT  
265 SW PORT ST. LUCIE BLVD., #173  
PORT ST. LUCIE, FL 34984      US

**Name and Address of New Registered Agent:**

RIOS, EVELYN L  
2852 E. OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33306      US

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: EVELYN LISSETTE RIOS      05/24/2007  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: POBLETE, ROBERT  
Address: 265 SW PORT ST. LUCIE BLVD., #173  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: RIOS, EVELYN L  
Address: 2852 E. OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33306

Title: VP      ( ) Change (X) Addition  
Name: VERA, SYLVIA E  
Address: 3900 GALT OCEAN DRIVE #1802  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: CFO      ( ) Change (X) Addition  
Name: POBLETE, ROBERT F  
Address: 3900 GALT OCEAN DRIVE # 1802  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN LISSETTE RIOS      PD      05/24/2007  
Electronic Signature of Signing Officer or Director      Date