FILED
May 07, 2004 8:00 am
Secretary of State
04-22-2004 90076 011 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000036266

1. Entity Name
MASK SALES CORP'

DO NOT WRITE IN THIS SPACE

66419992
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2520 SW 22 ST	
Suite Apt # etc. 265	Suite Apt # etc.
City & State Miami, FL	City & State
Zip 33145 Country USA	Zip Country

4. FEI Number 65-1159884 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Albert Rossner
Street Address (P.O. Box Number is Not Acceptable): 2520 SW 22 ST
Miami, FL 33145
City: FL Zip Code: 33145

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE Pres/Treas NAME Albert Rossner STREET ADDRESS 2520 SW 22ST #265, Miami FL CITY ST ZIP	TITLE NAME STREET ADDRESS CITY ST ZIP
TITLE See. NAME LAUEGA, A. Dr. STREET ADDRESS 2520 SW 22ST #265 CITY ST ZIP Miami, FL 33145	TITLE NAME STREET ADDRESS CITY ST ZIP
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CR2E034B (12/02)

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 on an attachment with an address, and/or other [illegible]

SIGNATURE: Albert Rossner, Pres 4/21/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR