


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000120738 1. Entity Name M/A/S CAPITAL CORP.	
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Principal Place of Business 220 SUNRISE AVE., STE. 206 PALM BEACH, FL 33480	Mailing Address 220 SUNRISE AVE., STE. 206 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0025364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JAFJE, ROBERT M 220 SUNRISE AVE., STE. 206 PALM BEACH, FL 33480	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFJE, ROBERT M 333 SUNSET AVE., APT 701 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFJE, ELLEN S 333 SUNSET AVE., APT. 701 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFJE, MICHAEL S 305 SECOND AVE., APT. 516 NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFJE, ANDREW N 755 BOYLSTON ST., APT. 401 BOSTON, MA 02116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAFJE, STEVEN C 285 LAFAYETTE ST NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000076171
03/04/04-80018-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: <i>XRS</i> 	Date: <i>3/2/04</i>	Daytime Phone #: <i>561-655-8668</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		