2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# P01000120738

Entity Name: M/A/S CAPITAL CORP.

Current Principal Place of Business:

220 SUNRISE AVE., STE. 201
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

220 SUNRISE AVE., STE. 201
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 30-0025364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAFFE, ROBERT M
220 SUNRISE AVE., STE. 201
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JAFFE, ROBERT M
Address: 333 SUNSET AVE., APT 701
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: JAFFE, ELLEN S
Address: 333 SUNSET AVE., APT. 701
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: JAFFE, MICHAEL S
Address: 230 WEST 56TH STREET 62-D
City-St-Zip: NEW YORK, NY 10019

Title: D ( ) Delete
Name: JAFFE, ANDREW N
Address: 253 MARLBOROUGH STREET
City-St-Zip: BOSTON, MA 02116

Title: D ( ) Delete
Name: JAFFE, STEVEN C
Address: REGENCY HOTEL 540 PARK AVENUE
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: JAFFE, STEVEN C
Address: 207 EAST 57TH STREET
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT M. JAFFE MR. 02/07/2007

Electronic Signature of Signing Officer or Director Date