2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120738

Entity Name: M/A/S CAPITAL CORP.

FILED Jan 23, 2008 Secretary of State

The state of the s							
Current Principal Place of Business:				New Principal Place of Business:			
220 SUNRISE AVE., STE. 201 PALM BEACH, FL 33480			220 SUNRISE AVE., SUITE #201 PALM BEACH, FL 33480				
Current Mailing Address:				New Mailing Address:			
220 SUNRISE AVE., STE. 201 PALM BEACH, FL 33480							
FEI Number:	30-0025364	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
JAFFE, ROBERT M 220 SUNRISE AVE., STE. 201 PALM BEACH, FL 33480 US				JAFFE, ROBERT M 220 SUNRISE AVE., SUITE #210 PALM BEACH, FL 33480 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:				01/23/2008			
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D JAFFE, ROBERT 333 SUNSET AVE PALM BEACH, FL	E., APT 701		Title: Name: Address: City-St-Zip:	D () JAFFE, ROBE 444 NORTH L PALM BEACH	AKE WAY	
Title: Name: Address: City-St-Zip:	D () E JAFFE, ELLEN S 333 SUNSET AVE PALM BEACH, FL	E., APT. 701		Title: Name: Address: City-St-Zip:	D (JAFFE, ELLEI 444 NORTH L PALM BEACH	AKE WAY	
Title: Name: Address: City-St-Zip:	D () E JAFFE, MICHAEL 230 WEST 56TH NEW YORK, NY	STREET 62-D		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E JAFFE, ANDREW 253 MARLBORO BOSTON, MA 02	UGH STREET		Title: Name: Address: City-St-Zip:	D () JAFFE, ANDR 131 BEAVER WESTON, MA	ROAD	
Title: Name: Address: City-St-Zip:	D () D JAFFE, STEVEN 207 EAST 57TH S NEW YORK, NY	STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ROBERT M. JAFFE PRES 01/23/2008