

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120738

Entity Name: M/A/S CAPITAL CORP.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

220 SUNRISE AVE.,
SUITE #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:

220 SUNRISE AVE.,
SUITE #201
PALM BEACH, FL 33480

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.,
SUITE #210
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: 444 NORTH LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: JAFFE, ELLEN S
Address: 444 NORTH LAKE WAY
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: 131 BEAVER ROAD
City-St-Zip: WESTON, MA 02493

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

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

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

03/24/2009

Electronic Signature of Signing Officer or Director

Date