2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120738

Entity Name: M/A/S CAPITAL CORP.

FILED Mar 16, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

220 SUNRISE AVE., 220 SUNRISE AVE., SUITE #201 SUITE #214

PALM BEACH, FL 33480 PALM BEACH, FL 33480

Current Mailing Address: New Mailing Address:

220 SUNRISE AVE., 220 SUNRISE AVE.,

SUITE #201 SUITE #214

PALM BEACH, FL 33480 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: Name and Address of New Registered Agent:

JAFFE, ROBERT M
220 SUNRISE AVE.,
220 SUNRISE AVE.,
220 SUNRISE AVE.,

SUITE #201 SUITE #214
PALM BEACH, FL 33480 US 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: 03/16/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: JAFFE, ROBERT M Address: 444 NORTH LAKE WAY City-St-Zip: PALM BEACH, FL 33480

Title:

Name: JAFFE, ELLEN S Address: 444 NORTH LAKE WAY City-St-Zip: PALM BEACH, FL 33480

Title: D

Name: JAFFE, MICHAEL S

Address: 230 WEST 56TH STREET 62-D

City-St-Zip: NEW YORK, NY 10019

Title:

Name: JAFFE, ANDREW N Address: 131 BEAVER ROAD City-St-Zip: WESTON, MA 02493

Title: [

 Name:
 JAFFE, STEVEN C

 Address:
 207 EAST 57TH STREET

 City-St-Zip:
 NEW YORK, NY 10022

I hereby 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 all other like empowered.

SIGNATURE: ROBERT M. JAFFE PRES 03/16/2011