


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000005285**

1. Entity Name  
**MASTER PROPERTIES, INC.**



Principal Place of Business      Mailing Address

**5700 SOUTHWEST 45TH TERRACE**      **5700 SOUTHWEST 45TH TERRACE**  
**MIAMI, FL 33155**      **MIAMI, FL 33155**

**DO NOT WRITE IN THIS SPACE**



04062005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**04-3588127**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI, FL 33145**

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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: *Carlos E. Cuervo*      DATE: 4/11/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CUERVO, CARLOS E
STREET ADDRESS	5700 SOUTHWEST 45TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SVD
NAME	PATTERSON-CUERVO, GLORIA
STREET ADDRESS	5700 SOUTHWEST 45TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Carlos E. Cuervo*      Date: 4/11/05      Daytime Phone #: 3058360155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR