

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

DOCUMENT # P02000018631

1. Entity Name
MAS 7 INVESTMENT CORP.



09-07-2005 90022 001 *****8.75
09-07-2005 90022 002 ***150.00
09-07-2005 90022 003 *****5.00

66026972



08242005 Chg-P CR2E034 (10/03)

Principal Place of Business 11111 BISCAYNE BLVD, APT. 2010 PHASE 1 N MIAMI, FL 33181		Mailing Address 11111 BISCAYNE BLVD, APT. 2010 PHASE 1 N MIAMI, FL 33181	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 47-0852146	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUREZ, MIKE A
11111 BISCAYNE BLVD,
APT. 2010 PHASE 1
N MIAMI, FL 33181

Name **MIKE A. SUAREZ**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS SUAREZ, MIKE A 11111 BISCAYNE BLVD, PH 1, #2010 N MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an officer like empowered.

SIGNATURE: **MIKE A. SUAREZ** PVST 9/02/05 305891-2448
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 66026972
P02000018631

MAS 7 Investments Corp.

11111 Biscayne Blvd, Suite # 2010, N. Miami Florida 33181

Tel#: 305-891-2448, Fax # : 305-893-1368

Cell#: 786-487-9950, e-mail: mikes123@bellsouth.net

**Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Mr. Gary Blackenbaker
Document Specialist**

September 2nd, 2005

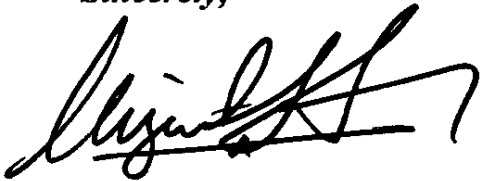
Dear Mr. Blackenbaker,

Enclosed please find the form filled out correctly and our check for \$150.00 processing fee.

The Annual Report Notice was not received, therefore we kindly request that you waive the \$400.00 late filing fee.

Thanking you in advance,

Sincerely,



**Mike A. Suarez
President**