

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000040530



1. Entity Name  
 MASS.OP., INC.

Principal Place of Business  
 222 LAKEVIEW AVENUE  
 SUITE 160 - 263  
 WEST PALM BEACH, FL 33401

Mailing Address  
 222 LAKEVIEW AVENUE  
 SUITE 160 - 263  
 WEST PALM BEACH, FL 33401



02052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0584821 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SCHMIDT, HENRY E  
 222 LAKEVIEW AVE.  
 SUITE 160-263  
 WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SCHMIDT, HENRY E
STREET ADDRESS	222 LAKEVIEW AVENUE SUITE 160
CITY ST ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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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 04/02/04-00029-021 150.00

**DO NOT WRITE IN THIS SPACE**

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: Henry E Schmidt Henry E Schmidt 33104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #