FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90121 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000049908

1. Entity Name
MASGA, INC.

Principal Place of Business	Mailing Address
3630 NW 14TH TERR. MIAMI, FL 33125	3630 NW 14TH TERR. MIAMI, FL 33125

2. Principal Place of Business		3. Mailing Address	
11724 SW 97 st		11724 SW 97st	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State: Miami, FL	
Zip: 33186	Country: USA	Zip: 33186	Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0597647 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MASSO, RAFAEL JR. 3630 NW 14TH TERR. MIAMI, FL 33125	Name: Rafael Masso Jr. Street Address (P.O. Box Number is Not Acceptable): 11724 SW 97 st City: Miami FL Zip Code: 33186

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 [signature] 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	MASSO, RAFAEL JR.		NAME	
STREET ADDRESS	3630 NW 14TH TERR.		STREET ADDRESS	11724 SW 97st
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP	Miami, FL 33186
TITLE	VD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GARCIA, TERESITA M		NAME	
STREET ADDRESS	220 SW 69TH AVE.		STREET ADDRESS	11724 SW 97st
CITY-ST-ZIP	MIAMI, FL 33144		CITY-ST-ZIP	Miami, FL 33186
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] Rafael Masso PD 4/21/03 305 595 0420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #