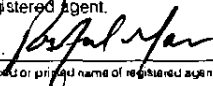
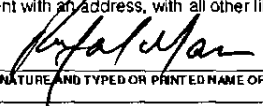


FILED
May 05, 2003 8:00 am
Secretary of State

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 3630 NW 14TH TERR. MIAMI, FL 33125		Mailing Address 3630 NW 14TH TERR. MIAMI, FL 33125	
2. Principal Place of Business 11724 SW 97 st Suite, Apt. #, etc.		3. Mailing Address 11724 SW 97st Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33186	Country USA	Zip 33186	Country USA
6. Name and Address of Current Registered Agent MASSO, RAFAEL JR. 3630 NW 14TH TERR. MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Rafael Masso Jr. Street Address (P.O. Box Number is Not Acceptable) 11724 SW 97 st City Miami FL Zip Code 33186	
B. 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 4/21/03 (NOTE: Registered Agent's signature required when resigning)			
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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD MASSO, RAFAEL JR. 3630 NW 14TH TERR. MIAMI, FL 33125 ☐ Delete		☒ Change ☐ Addition 11724 SW 97st Miami, FL 33186	
VD GARCIA, TERESITA M 220 SW 69TH AVE. MIAMI, FL 33144 ☐ Delete		☒ Change ☐ Addition 11724 SW 97st Miami, FL 33186	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ 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 all other like empowered.			
SIGNATURE:  Rafael Masso PD		DATE 4/21/03 DAYTIME PHONE # 305 995 0420	

CR2E034 (10/02)