2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT# P02000055229

1. EntityName
MASCKAR&MCORP.

PrincipalPlaceofBusiness	MailingAddress
2801 NE 183RD STREET 1007 WEST AVENTURA, FL 33160	2801 NE 183RD STREET 1007 WEST AVENTURA, FL 33160

DO NOT WRITE IN THIS SPACE

04072005 NoChg-P CR2E034(10/03)

4. FEINumber
54-2110608
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

MASCKAUCHAN,DIEGOR
2801NE183RDSTREET
1007WEST
AVENTURA,FL33160

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentsignaturerequiredwhenre Instating)

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

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	MASCKAUCHAN,DIEGOR
STREETADDRESS	2801NE183RDSTREET,1007WEST
CITY-ST-ZIP	AVENTURA,FL33160
TITLE	VP
NAME	MASCKAUCHAN,ALEJANDROF
STREETADDRESS	2101ATLANTICSHOREBLVD.,#506
CITY-ST-ZIP	HALLANDALE,FL33009
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000299339
04/11/05-80102-022 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby 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: ALEJANDRO MASCKAUCHAN VICE PRESIDENT 4/8/05
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#