

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# P02000055229	
1. Entity Name MASCKAR&M CORP.	

Principal Place of Business 2801 NE 183RD STREET 1007 WEST AVENTURA, FL 33160	Mailing Address 2801 NE 183RD STREET 1007 WEST AVENTURA, FL 33160
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DO NOT WRITE IN THIS SPACE



04072005 NoChg-P CR2E034(10/03)

4. FEI Number 54-2110608	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASCKAUCHAN, DIEGOR 2801 NE 183RD STREET 1007 WEST AVENTURA, FL 33160	
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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 re-instating) _____ DATE _____

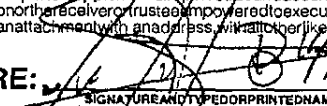
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MASCKAUCHAN, DIEGOR 2801 NE 183RD STREET, 1007 WEST AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MASCKAUCHAN, ALEJANDRO F 2101 ATLANTIC SHORE BLVD., #506 HALLANDALE, FL 33009
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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04/11/05-80102-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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, which other I am empowered.

SIGNATURE:  ALEJANDRO MASCKAUCHAN
VICE PRESIDENT 4/8/05

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____