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05-09-2008 90015 050 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000055229

1. Entity Name
MASCKA R&M CORP.

40100454

Principal Place of Business	Mailing Address
2801 NE 183RD STREET 1007 WEST AVENTURA, FL 33160	2801 NE 183RD STREET 1007 WEST AVENTURA, FL 33160

04162008 -- No Chg-P.C. -- CR2E034 (11/95)

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4. FEI Number
54-2110608
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MASCKAUCHAN, DIEGO R
~~2801 NE 183RD STREET~~ 21300 SAN SIMEON WAY
~~1007 WEST~~
~~AVENTURA, FL 33160~~ #Q3 North Miami Beach
FL 33179.

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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 _____ 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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MASCKAUCHAN, DIEGO R
STREET ADDRESS	2801 NE 183RD STREET, 1007 WEST
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	VP
NAME	MASCKAUCHAN, ALEJANDRO F
STREET ADDRESS	2101 ATLANTIC SHORE BLVD., #506
CITY-ST-ZIP	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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Vicepresident 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #