

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056393

Entity Name: MASONIC LUXURIES, INC.

FILED  
Jan 15, 2006  
Secretary of State

**Current Principal Place of Business:**

6927 NW 110 WAY  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

6927 NW 110 WAY  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: 03-0463522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOSKOWITZ, MICHAEL W ESQUIRE  
800 CORPORATE DR, STE 510  
FT LAUDERDALE, FL 33334 US

**Name and Address of New Registered Agent:**

MOSKOWITZ, MICHAEL W ESQUIRE  
800 CORPORATE DR, STE 500  
FT LAUDERDALE, FL 33334 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

01/15/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTV ( ) Delete  
Name: MYMAN, ERIC  
Address: 6927 NW 110 WAY  
City-St-Zip: PARKLAND, FL 33076

Title: D (X) Delete  
Name: MYMAN, KIMBERLY  
Address: 6927 NW 110 WAY  
City-St-Zip: PARKLAND, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: MYMAN, KIMBERLY  
Address: 6927 NW 110 WAY  
City-St-Zip: PARKLAND, FL 33076

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY MYMAN

Electronic Signature of Signing Officer or Director

PSTD

01/15/2006

Date