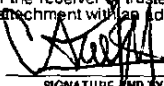


**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90167 001 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000061400</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                       |  |
| 1. Entity Name<br><b>MASUBS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                        |  |
| Principal Place of Business<br><b>9741 NW 49 TERR<br/>DORAL POINT<br/>MIAMI, FL 33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Mailing Address<br><b>9741 NW 49 TERR<br/>DORAL POINT<br/>MIAMI, FL 33178</b>                                                                          |  |
| 2. Principal Place of Business<br><b>2600 N.W. 87TH AVE.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 3. Mailing Address<br><b>2600 N.W. 87TH AVE.</b>                                                                                                       |  |
| Suite, Apt. #, etc.<br><b>SUITE # 10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Suite, Apt. #, etc.<br><b>SUITE # 10</b>                                                                                                               |  |
| City & State<br><b>MIAMI, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | City & State<br><b>MIAMI FL.</b>                                                                                                                       |  |
| Zip<br><b>33172</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Country<br><b>DADE</b>                                                                                                                                 |  |
| 4. FEI Number<br><b>04-3687639</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                 |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><b>MAZZA-MARTINEZ, TANIA A<br/>780 NW 42 AVE STE 420<br/>MIAMI, FL 33126</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                        |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                         |  |
| D<br>GONZALEZ, CARLOS D<br>9741 NW 49 TERR<br>MIAMI, FL 33178 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | D<br>GONZALEZ CARLOS D.<br>2600 N.W. 87TH AVE. STE. 10<br>MIAMI FL. 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| D<br>JEREZ, JORGE<br>9741 NW 49 TERR<br>MIAMI, FL 33178 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | D<br>JEREZ JORGE<br>2600 NW 87TH AVE. STE. 10<br>MIAMI FL. 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition          |  |
| D<br>BOHORQUEZ, JORGE<br>9741 NW 49 TERR<br>MIAMI, FL 33178 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | D<br>BOHORQUEZ JORGE<br>2600 N.W. 87TH AVE. STE 10<br>MIAMI FL. 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| D<br>_____<br>_____<br>_____<br>_____<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | D<br>_____<br>_____<br>_____<br>_____<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| D<br>_____<br>_____<br>_____<br>_____<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | D<br>_____<br>_____<br>_____<br>_____<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| D<br>_____<br>_____<br>_____<br>_____<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | D<br>_____<br>_____<br>_____<br>_____<br><input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>CARLOS GONZALEZ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>APRIL 04/03 (305) 2050465</b>                                                                                                                       |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <small>Daytime Phone #</small>                                                                                                                         |  |

CR2E034 (10/02)