


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
May 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # P02000087228	
1. Entity Name M.A.S. CUSTOMS BROKER, INC.	

Principal Place of Business 7252 NW 25 ST MIAMI, FL 33122	Mailing Address 7252 NW 25 ST MIAMI, FL 33122
---	---

**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2371831	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

MARTINEZ, ARGILIO  
8600 SW 133 AVE BLDG 5 APT 108  
MIAMI, FL

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, ARGILIO 8600 SW 133 AVE BLDG 5 APT 108 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTINEZ, MEDARDO 12180 SW 135 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OTERO, SONIA 12180 S.W. 135 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000357170  
05/04/05-80064-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Argilio Martinez  
President

04/25/05

Date

(305) 418-3155

Daytime Phone #