

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000087228

1. Entity Name
M.A.S. CUSTOMS BROKER, INC.



Principal Place of Business
**7225 NW 25 STREET SUITE 311
MIAMI, FL 33122**

Mailing Address
**7225 NW 25 STREET SUITE 311
MIAMI, FL 33122**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2371831

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, ARGILIO
8500 SW 133 AVE BLDG 3
408
MIAMI, FL 33183**

**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, 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 NAME STREET ADDRESS CITY - ST - ZIP	DP MARTINEZ, ARGILIO 8500 SW 133 AVE BLDG 3 APT 408 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 MARTINEZ, SONIA 12180 S.W. 135 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/02/08-80044-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Argilio Martinez
President

05/24/08 *(305) 418-3155*
Date Daytime Phone #