

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90121 046 \*\*\*150.00

<b>DOCUMENT # P02000094833</b> 1. Entity Name <b>MASPLUS, CORPORATION</b>			
Principal Place of Business <b>3430 NORTH WEST 14TH TERRACE MIAMI, FL 33125-1708</b>		Mailing Address <b>3430 NORTH WEST 14TH TERRACE MIAMI, FL 33125-1708</b>	
2. Principal Place of Business <b>5600 SW 135 AVE</b> Suite, Apt. #, etc. <b>214-D</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33192</b>		3. Mailing Address <b>5600 SW 135 AVE</b> Suite, Apt. #, etc. <b>214-D</b> City & State <b>MIAMI, FL</b> Zip <b>33183</b>	
Country <b>Miami-Dade</b>		Country <b>Miami-Dade</b>	
4. FEI Number <b>61-1425684</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MAZA, MIGUEL M</b> <b>3430 NORTH WEST 14TH TERRACE</b> <b>MIAMI, FL 33125-1708</b>		7. Name and Address of New Registered Agent Name <b>Miguel M. MAZA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9511 Fountainbleau Blvd</b> Apt 606 City <b>Miami</b> <b>FL</b> Zip Code <b>33172</b>	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	D MAZA, MIGUEL M 3430 NORTH WEST 14TH TERRACE MIAMI, FL 331251708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINERO, MICHAEL L 7307 S.W. 22ND STREET MIAMI, FL 33155	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<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:		Date <b>4/24/04</b> Daytime Phone # <b>305-382-9091</b>	