
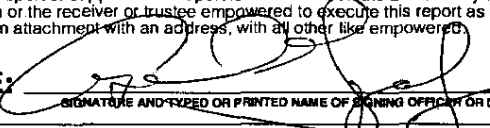


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90002 039 ***150.00

DOCUMENT # P02000122199		
1. Entity Name M.A.S.C. INSURANCE, INC.		
Principal Place of Business 8567 CORAL WAY #118 MIAMI, FL 33155	Mailing Address 8567 CORAL WAY #118 MIAMI, FL 33155	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHATTERJEE, MIREYA D 8567 CORAL WAY #118 MIAMI, FL 33155		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHATTERJEE, MIREYA D 8567 CORAL WAY #118 MIAMI, FL 33155	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, ANGEL 8567 CORAL WAY #118 MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 an other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 7/12/04 Daytime Phone #: (305) 559-6600

M.A.S.C. INSURANCE, INC.

Attachment

44049012

#PO2000122199

July 13, 2004

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

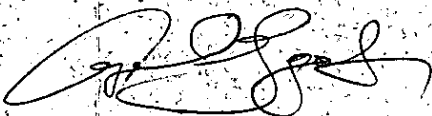
To Whom It May Concern:

This is the first notice that we've gotten regarding the Annual Report. I am sending the report and the original fee in the hopes that you will waive the late fee due to the original correspondence never arriving.

Please feel free to call me at our office, (305) 559-6600.

Thank you very much.

Sincerely,



Angel Gonzalez