

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000124536

Entity Name: MASSARI INC

**FILED**  
**May 01, 2009**  
**Secretary of State****Current Principal Place of Business:**2249 LAURAL LANE  
N. FORT MYERS, FL 33917 US**New Principal Place of Business:****Current Mailing Address:**2249 LAURAL LANE  
N. FORT MYERS, FL 33917 US**New Mailing Address:**

FEI Number: 47-0898359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**JAMHOUR, SABRI I  
15325 SAM SNEAD LN  
D  
NORTH FORT MYERS, FL 33917 US**Name and Address of New Registered Agent:**JAMHOUR, SAMI I  
2249 LAUREL LANE  
NORTH FORT MYERS, FL 33917 US

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.

SIGNATURE: SAMI JAMHOUR

05/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: JAMHOUR, SABRI I  
Address: 15323 SAM SNEAD LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: O (X) Change ( ) Addition  
Name: JAMHOUR, SAMI I  
Address: 2249 LAUREL LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMI JAMHOUR

O

05/01/2009

Electronic Signature of Signing Officer or Director

Date