


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90052 038 ***150.00

DOCUMENT # P02000126792

1. Entity Name
 MASKA USA, INC.



Principal Place of Business Mailing Address

2373 SW 125 AVE 8373 NW 74TH ST 2373 SW 125 AVE 8373 NW 74TH ST
 MIRAMAR, FL 33027 MIAMI FL 33166 MIRAMAR, FL 33027 MIAMI FL 33166

01010010



DO NOT WRITE IN THIS SPACE

03262004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 04-3735778 Not Applicable

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

6. Name and Address of Current Registered Agent

MASON, STEVEN A ESQ.
 3363 SHERIDAN ST STE 201
 HOLLYWOOD, FL 33021

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RAMPERSAD, MUKESH
STREET ADDRESS	3273 SW 125 AVE 8373 NW 74TH ST
CITY-ST-ZIP	MIRAMAR, FL 33027 MIAMI FL 33166
TITLE	DV
NAME	RAMPERSAD, SABITREE
STREET ADDRESS	2373 SW 125 AVE 8373 NW 74TH ST
CITY-ST-ZIP	MIRAMAR, FL 33027 MIAMI FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: M. Rampersad 3-30-04 (305) 716-0952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #