

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126792

Entity Name: MASKA USA, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

8373 NW 74TH ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8373 NW 74TH ST
MIAMI, FL 33166

New Mailing Address:

FEI Number: 04-3735778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MIKE'S TAX & ACCOUNTING, INC.
269 N. UNIVERSITY DRIVE
SUITE I
PEMBROKE PINES, FL 33024 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: RABINDRA MAHADEO

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RAMPERSAD, MUKESH
Address: 8373 NW 74TH ST
City-St-Zip: MIAMI, FL 33166

Title: DV () Delete
Name: RAMPERSAD, SABITREE
Address: 8373 NW 74TH ST
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MUKESH RAMPERSAD

DP

04/27/2005

Electronic Signature of Signing Officer or Director

Date