

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039801

Entity Name: MASCORP, INC.

FILED
Mar 22, 2006
Secretary of State

Current Principal Place of Business:

19501 E. SAINT ANDREWS DR.
HIALEAH, FL 33015

New Principal Place of Business:

6620 NE 21 AVE
FORT LAUDERDALE, FL 33308

Current Mailing Address:

19501 E. SAINT ANDREWS DR.
HIALEAH, FL 33015

New Mailing Address:

6620 NE 21 AVE
FORT LAUDERDALE, FL 33308

FEI Number: 80-0058864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAEFFNER, ROBERT J
19501 E. SAINT ANDREWS DR.
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

HAEFFNER, ROBERT J
6620 NE 21 AVE
FORT LAUDERDALE, FL 33308 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: ROBERT J HAEFFNER

03/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HAEFFNER, ROBERT J
Address: 19501 E. SAINT ANDREWS DR.
City-St-Zip: HIALEAH, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HAEFFNER, ROBERT J
Address: 6620 NE 21 AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT J HAEFFNER

PRES

03/22/2006

Electronic Signature of Signing Officer or Director

Date