


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90045 035 \*\*\*150.00

<b>DOCUMENT # P03000066454</b> 1. Entity Name <b>MASTER DUCT WORK, CORP</b>		
Principal Place of Business <b>3636 SW 9 ST APT 12 MIAMI FL 33135</b>		Mailing Address <b>3636 SW 9 ST APT 12 MIAMI FL 33135</b>
2. Principal Place of Business - No P.O. Box # <b>3447 S.W. 5 St.</b> Suite, Apt. #, etc.	3. Mailing Address <b>3447 S.W. 5 St.</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>	
Zip <b>33135</b>	Country <b>USA</b>	Zip <b>33135</b>
Country <b>USA</b>		4. FEI Number <b>20-0048097</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>MARTINEZ, ROLDAN 22231 SW 97 CT MIAMI FL 33190</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <b>PD</b>	NAME <b>MARTINEZ, ROLDAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>22231 SW 97 CT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP <b>MIAMI FL 33190</b>	TITLE <b>NAME</b>	
CITY-ST-ZIP <b>MIAMI FL 33190</b>	STREET ADDRESS <b>STREET ADDRESS</b>	
CITY-ST-ZIP <b>MIAMI FL 33190</b>	CITY-ST-ZIP <b>CITY-ST-ZIP</b>	
CITY-ST-ZIP <b>MIAMI FL 33190</b>	CITY-ST-ZIP <b>CITY-ST-ZIP</b>	
CITY-ST-ZIP <b>MIAMI FL 33190</b>	CITY-ST-ZIP <b>CITY-ST-ZIP</b>	
CITY-ST-ZIP <b>MIAMI FL 33190</b>	CITY-ST-ZIP <b>CITY-ST-ZIP</b>	
CITY-ST-ZIP <b>MIAMI FL 33190</b>	CITY-ST-ZIP <b>CITY-ST-ZIP</b>	
CITY-ST-ZIP <b>MIAMI FL 33190</b>	CITY-ST-ZIP <b>CITY-ST-ZIP</b>	
CITY-ST-ZIP <b>MIAMI FL 33190</b>	CITY-ST-ZIP <b>CITY-ST-ZIP</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.		
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



1st MOORE CR2E034 (10/07)