## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 24, 2008 8:00 am **Secretary of State DOCUMENT # P03000066454** 1. Entity Name 03-24-2008 90045 035 \*\*\*150.00 MASTER DUCT WORK, CORP Principal Place of Business Mailing Address 3636 SW 9 ST 3636 SW 9 ST APT 12 MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3. W 3447 S.W. 3447 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For Mani 20-0048097 tlam'i Not Applicable Country S A Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, ROLDAN 22231 SW 97 CT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33190** Zip Code FI 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 eigenfare required whon rejectable) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARTINEZ, ROLDAN NAME MALEF STREET ADDRESS 22231 SW 97 CT STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33190** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information ordinated on this report or supplemental report is true and accurate and that my signature shall have the same logal 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.

TITLE

MARKET

TITLE

NAME

STREET ADDRESS

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CITY-S1-ZIP

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SIGNATURE:

TITLE

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NAME

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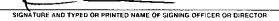
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