

FILED
Jun 21, 2004 8:00 am
Secretary of State

05-03-2004 91052 006 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000093594			
1. Entity Name MASTER HYDRAULICS INC.			
Principal Place of Business 8471 SW 5TH ST. #103, BLDG 3 PEMBROKE PINES, FL 33025		Mailing Address 8471 SW 5TH ST. #103, BLDG 3 PEMBROKE PINES, FL 33025	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name PINO, IRAIS R.		Name	
Street Address (P.O. Box Number is Not Acceptable) 8471 SW 5TH ST. #103, BLDG 3 PEMBROKE PINES, FL 33025		Street Address (P.O. Box Number is Not Acceptable)	
City FL		City	
Zip Code 33025		Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when necessary.)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PINO, IRAIS R 8471 SW 5TH ST. #103, BLDG 3 PEMBROKE PINES, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

66428753



04112004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0186083** Applied For
Not Applicable

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