

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90368 004 ***150.00

DOCUMENT # P03000137668

1. Entity Name
MASTER SERVICES ENTERPRISES, INC.



Principal Place of Business
**1309 HIGH STREET
BUILDING #105
LEESBURG, FL 34748**

Mailing Address
**POST OFFICE BOX 491911
LEESBURG, FL 34748**

2. Principal Place of Business
**712 OAK Terrace
Apt # 42D**

3. Mailing Address
**Post office Box 491911
Suite, Apt. #, etc.**

City & State
Leesburg, FL
Zip
34748

City & State
Leesburg, FL
Zip
34748

03242006 Chg-P CR2E034 (11/05)

4. FEI Number
56-2415322

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

6. Name and Address of Current Registered Agent

**ISHAK, YOUSEF
1309 HIGH STREET
BUILDING #105
LEESBURG, FL 34748**

7. Name and Address of New Registered Agent

Name
Ishak, Yousef
Street Address (P.O. Box Number is Not Acceptable)
**712 OAK Terrace
Apt # 42D**
City
Leesburg FL Zip Code
34748

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PD ☐ Delete
NAME
ISHAK, YOUSEF
STREET ADDRESS
1309 HIGH STREET
CITY-ST-ZIP
LEESBURG, FL 34748

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD ☒ Change ☐ Addition
NAME
Ishak, Yousef
STREET ADDRESS
Leesburg, FL
CITY-ST-ZIP
712 OAK Terrace Apt # 42D 34748

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other file empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #