
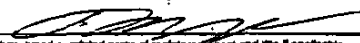



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90360 004 \*\*\*150.00  
05-27-2005 90024 047 \*\*\*400.00

<b>DOCUMENT # P04000011674</b> 1. Entity Name <b>MASA 1163, INC.</b>			
Principal Place of Business <b>7231 S.W. 82ND STREET #F12 MIAMI, FL 33143</b>		Mailing Address <b>7231 S.W. 82ND STREET #F12 MIAMI, FL 33143</b>	
2. Principal Place of Business <b>7741 NW 7<sup>th</sup> 1-617</b> Suite, Apt. #, etc.		3. Mailing Address <b>7741 NW 7<sup>th</sup></b> Suite, Apt. #, etc. <b>1-617</b>	
City & State <b>MIAMI FLA</b>		City & State <b>MIAMI FLA</b>	
Zip <b>33126</b>		Zip <b>33126</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0620311</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUZUKI, MASAYUKI 7231 S.W. 82ND STREET #F12 MIAMI, FL 33143</b>		7. Name and Address of New Registered Agent Name: <b>SUZUKI, MASAYUKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>7741 NW 7<sup>th</sup> 1-617</b> City: <b>MIAMI</b> <b>FL</b> Zip Code: <b>33126</b>	
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 use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE: <b>5/26/05</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SUZUKI, MASAYUKI</b> <input type="checkbox"/> Delete <b>7231 S.W. 82ND STREET #F12</b> <b>MIAMI, FL 33143</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>MASAYUKI SUZUKI</b> <b>3/23/05</b> <small>Date Daytime Phone #</small>	