

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90077 049 ***150.00

DOCUMENT # P04000046829					
1. Entity Name MAS DEVELOPMENT CORP.					
Principal Place of Business 19442 40 CT SUNNY ISLES BEACH, FL 33160			Mailing Address 19442 40 CT SUNNY ISLES BEACH, FL 33160		
2. Principal Place of Business 1930 Harrison St. Suite, Apt. #, etc. Suite 502 City & State Hollywood, FL Zip 33020 Country USA		3. Mailing Address 1930 Harrison St. Suite, Apt. #, etc. Suite 502 City & State Hollywood, FL Zip 33020 Country USA			
4. FEI Number x 20-0877399		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29 AVE STE 100 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Alan Benenson Street Address (P.O. Box Number is Not Acceptable) 1930 Harrison St. Suite 502 City Hollywood FL Zip Code 33020		
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: Alan Benenson 2/7/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PST BENENSON, ALAN 19442 40 CT SUNNY ISLES BEACH, FL 33160		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Alan Benenson 1930 Harrison St., Suite 502 Hollywood, FL 33020	
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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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: Alan Benenson 2/7/05 954-927-2717 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					