2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P04000055571

Entity Name: MASOPADO, INC.

Current Principal Place of Business:

314 14TH AVE SW
LARGO, FL 33770

New Principal Place of Business:

4900 EAST BAY DRIVE, SUITE C
CLEARWATER, FL 33764

Current Mailing Address:

314 14TH AVE SW
LARGO, FL 33770

New Mailing Address:

4900 EAST BAY DRIVE, SUITE C
CLEARWATER, FL 33764

FEI Number: 20-0946533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTESSA, MASSIMILLIANO
314 14TH AVE SW
LARGO, FL 33770 US

Name and Address of New Registered Agent:

CONTESSA, MASSIMILLIANO
4900 EAST BAY DRIVE, SUITE C
CLEARWATER, FL 33764 US

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.

SIGNATURE: MASSIMILLIAN CONTESSA 04/18/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CONTESSA, MASSIMILIANO
Address: 314 14TH AVE SW
City-St-Zip: LARGO, FL 33770

Title: STD ( ) Delete
Name: CONTESSA, SONIA
Address: 314 14TH AVE SW
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CONTESSA, MASSIMILIANO
Address: 4900 EAST BAY DRIVE, SUITE C
City-St-Zip: CLEARWATER, FL 33764

Title: STD (X) Change ( ) Addition
Name: CONTESSA, SONIA
Address: 4900 EAST BAY DRIVE, SUITE C
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MASSIMILLIANO CONTESSA P 04/18/2005
Electronic Signature of Signing Officer or Director Date