


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-14-2005 90038 021 ***150.00

| | | |
|--|--|---|
| DOCUMENT # P04000108003 | |  |
| 1. Entity Name MASS BROTHERS, INC. | | |

| | |
|---|---|
| Principal Place of Business C/O MORTON PLANT HOSPITAL 8787 BRYAN DAIRY ROAD LARGO, FL 33777 | Mailing Address C/O MORTON PLANT HOSPITAL 8787 BRYAN DAIRY ROAD LARGO, FL 33777 |
|---|---|

40017330



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01172005 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 20-1394498 | 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 | |
| FACKIH, MAJED N DR. 6996 DUNCANSBY AVENUE N ST PETERSBURG, FL 33709 | |

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | FACKIH, AHLAM |
| STREET ADDRESS | 6996 DUNCANSBY AVENUE N |
| CITY-ST-ZIP | ST PETERSBURG, FL 33709 |
| TITLE | VP <input type="checkbox"/> Delete |
| NAME | FACKIH, NADER |
| STREET ADDRESS | 6996 DUNCANSBY AVENUE N |
| CITY-ST-ZIP | ST PETERSBURG, FL 33709 |
| TITLE | S <input checked="" type="checkbox"/> Delete |
| NAME | FACKIH, NADER |
| STREET ADDRESS | 6996 DUNCANSBY AVENUE N |
| CITY-ST-ZIP | ST PETERSBURG, FL 33709 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Fackih, Majed N DR. |
| STREET ADDRESS | 6996 Duncansby Avenue N |
| CITY-ST-ZIP | St Petersburg FL 33709 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Nader Fackih* (U.P.) Date: 02-01-05 (727) 394 5137