

FILED
Jul 06, 2006 8:00 am
Secretary of State

5/5/1

05-01-2006 90304 038 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000152957 1. Entity Name MASTER EQUITIES CORP.	
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Principal Place of Business 19925 N E 39 PL NO 403 AVENTURA, FL 33180	Mailing Address 19925 N E 39 PL NO 403 AVENTURA, FL 33180
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66021332



DO NOT WRITE IN THIS SPACE

04182006 No Chg-P CR2E034 (11/05)

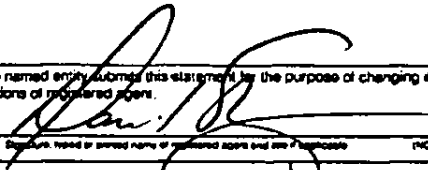
4. FEI Number 51-0528390	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Requested	

6. Name and Address of Current Registered Agent

**SHURGIN, DAVID
19925 N E 39 PL NO 403
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity adopted 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, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature returned when returning)

DATE: **6/12/06**

**FILE NOW!! FEB 13 \$150.00
After May 1, 2006 Fee will be \$850.00**

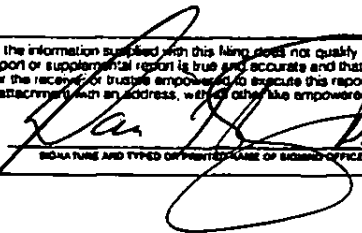
9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fee**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHURGIN, DAVID 19925 N E 39 PL NO 403 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHURGIN, JOANNE 19925 N E 39 PL NO 403 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, without other due empowerment.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

DAVID SHURGIN

6/25/06 (305) 918-0009