

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

DOCUMENT # P05000008568

1. Entity Name

MAS IT SERVICES, INC.



02-01-2007 90041 001 ***150.00

02-01-2007 90041 002 *****8.75

Principal Place of Business

12035 STONE CROSSING CIRCLE
TAMPA FL 33635

Mailing Address

12035 STONE CROSSING CIRCLE
TAMPA FL 33635



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 20-2158865

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
12035 STONE CROSSING CIR
TAMPA FL 33635

Name Masanori Tsutsui MAS IT SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

12035 Stone Crossing Circle

City Tampa

FL

Zip Code 33635

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

Masanori Tsutsui

(Signature, typed or printed name of registered agent and title if applicable)

Masanori Tsutsui, President

(NOTE: Registered Agent signature required when reissuing)

1/28/2007

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME TSUTSUI, MASANORI
STREET ADDRESS 12035 STONE CROSSING CIRCLE
CITY ST ZIP TAMPA FL 33635

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY ST ZIP

TITLE ☐ Delete
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CITY ST ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, with all other like empowered.

SIGNATURE:

Masanori Tsutsui

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Masanori Tsutsui

1/28/07 813-789-7226

Date

Daytime Phone #