


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90045 018 ***150.00

DOCUMENT # P05000016574					
1. Entity Name MASTERY CONTRACTOR, CORP.					
Principal Place of Business 6090 W FLAGLER ST APT #204 MIAMI, FL 33144			Mailing Address 6090 W FLAGLER ST APT #204 MIAMI, FL 33144		
2. Principal Place of Business 15419 S.W. 22 Ter		3. Mailing Address 15419 S.W. 22 Ter			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 20-2275580	
Zip 33185		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALBAN, ROLANDO 6090 W FLAGLER ST APT #204 MIAMI, FL 33144			7. Name and Address of New Registered Agent Name: GALBAN ROLANDO Street Address (P.O. Box Number is Not Acceptable): 15419 S.W. 22 Terrace City: Miami FL Zip Code: 33185		
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: <u>Rolando Galban</u> DATE: <u>1/29/06</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	DIAZ, ARMANDO	
STREET ADDRESS	6090 W FLAGLER ST, APT #204				
CITY-ST-ZIP	MIAMI, FL 33144				
TITLE	PD	<input type="checkbox"/> Delete	NAME	GALBAN, ROLANDO	
STREET ADDRESS	6090 W FLAGLER ST, APT #204				
CITY-ST-ZIP	MIAMI, FL 33144				
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					
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ROLANDO GALBAN	
STREET ADDRESS	15419 S.W. 22 Ter. Miami FL				
CITY-ST-ZIP	33185				
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 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 with all other like empowered.					
SIGNATURE: <u>Rolando Galban</u> DATE: <u>1/29/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					