2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/22

FILED
Apr 26, 2006 8:00 am
Secretary of State
03-22-2006 90030 036 ***150.00

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1. Entity Name
MASTER SERVICE OF FLORIDA, CORP.

66011971

Principal Place of Business	Mailing Address
15601 SW 137 AVE UNIT 172 MIAMI, FL 33177	15601 SW 137 AVE UNIT 172 MIAMI, FL 33177

03112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
7336 Carlyle Ave	7336 Carlyle Ave
Suite, Apt. #, etc. 3	Suite, Apt. #, etc. 3
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33141 Country USA	Zip 33141 Country USA

4. FEI Number 20-2704695 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABOGAL, JORGE A
15601 SW 137 AVE UNIT 172
MIAMI, FL 33177

7. Name and Address of New Registered Agent

Name EMILIO PALMA
Street Address (P.O. Box Number is Not Acceptable) 7336 Carlyle Ave #3
City Miami Beach FL Zip Code 33141

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS SABGAL, JORGE A 15601 SW 137 AVE UNIT 172 MIAMI, FL 33177	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PALMA, EMILIO V 7336 CARLYLE AVE NO 3 MIAMI BEACH, FL 33141	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Emilio Palma 03/12/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #