

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90353 042 ***150.00

DOCUMENT # P05000122860

1. Entity Name
MASTER 6405, INC.



Principal Place of Business
2828 CORAL WAY, SUITE 450
MIAMI, FL 33155

Mailing Address
2828 CORAL WAY, SUITE 450
MIAMI, FL 33155

60029333

2. Principal Place of Business

4345 SW 109 CT
Suite, Apt. #, etc

3. Mailing Address

4345 SW 109 CT
Suite, Apt. #, etc

04072006 Chg-P CR2E034 (11/05)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

20-3462498

Applied For

Not Applicable

Zip

33165

Country

Zip

33165

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

MIRABAL, MIGUEL F
2828 CORAL WAY, SUITE 450
MIAMI, FL 33155

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete
NAME MORENO, CHRISTIAN
STREET ADDRESS 2828 CORAL WAY, SUITE 450
CITY- ST- ZIP MIAMI, FL 33155

TITLE D ☐ Change ☐ Addition
NAME MORENO, CHRISTIAN
STREET ADDRESS 4345 SW 109 CT
CITY- ST- ZIP MIAMI, FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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 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:

CHRISTIAN MORENO

4/17/06

(786) 301-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #