2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90353 040 ***150.00

DOCUMENT # P05000122886

1. Entity Name
MASTER 28501, INC.

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

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

60029335

04072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
4345 SW 109 CT
Suite, Apt. #, etc

3. Mailing Address
4345 SW 109 CT
Suite, Apt. #, etc

City & State: Miami FL
Zip: 33165 Country:

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Zip: 33165 Country:

4. FEI Number: 20-3462765 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, CHRISTIAN 2828 CORAL WAY, SUITE 450 MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO CHRISTIAN 4345 SW 109 CT Miami, FL 33165 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 #