

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90353 049 ***150.00

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04072006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000122889 1. Entity Name MASTER 509, INC.			
Principal Place of Business 2828 CORAL WAY, SUITE 540 MIAMI, FL 33155		Mailing Address 2828 CORAL WAY, SUITE 540 MIAMI, FL 33155	
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		City & State Miami FL Zip 33165	
4. FEI Number 20-3462529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRABAL, MIGUEL F 2828 CORAL WAY, SUITE 540 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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, CHRISTIAN 2828 CORAL WAY, SUITE 540 MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, CHRISTIAN 4345 SW 109 CT Miami, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		CHRISTIAN MORENO Date 4/17/06 Daytime Phone # (786) 301-2010	