


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

06-19-2008 90001 025 ***150.00

DOCUMENT # P05000133062


1. Entity Name
MAS COMUNICACION INC.



Principal Place of Business 1865 BRICKELL AVENUE TH-5 MIAMI, FL 33129 US	Mailing Address 1865 BRICKELL AVENUE TH-5 MIAMI, FL 33129 US
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DO NOT WRITE IN THIS SPACE

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05102008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4146367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SPITTLER READ AND ASSOCIATES LLC
 2025 BRICKELL AVENUE
 SUITE 706
 MIAMI, FL 33129**

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D BOJORQUEZ, CARLOS A. 1856 BRICKELL AVE. TH5 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T/D VITAL VERGARA, JUAN HUMBERTO 1865 BRICKELL AVE. TH5 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/D PELAYO PINILLOS, JORGE 1865 BRICKELL AVE. TH5 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **Jorge Pelayo** **7/17/08**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MONTH-YEAR