


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90154 022 ***150.00

DOCUMENT # P05000133688

1. Entity Name
MAS POR MENOS CO



Principal Place of Business
**29341 SW 152 AV
 LEISURE CITY, FL 33033**

Mailing Address
**29341 SW 152 AV
 LEISURE CITY, FL 33033**

2. Principal Place of Business
29343 SW 152 Ave

3. Mailing Address
29343 SW 152 Av

Suite, Apt. #, etc.
Leisure City FL

Suite, Apt. #, etc.
Leisure City

City & State
33033 FL


City & State
FL

Zip
33033

Country
MIAMI Dade

Zip
33033

Country
MIAMI Dade



01062006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3554148

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, ESTHER
29341 SW 152 AV
LEISURE CITY, FL 33033

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

29343 SW 152 Av

City *Leisure City* **FL** Zip Code *33033*

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 | P MARTINEZ, ESTHER 29341 SW 152 AV LEISURE CITY, FL 33033 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Esther Martinez* **305 242-0026**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #