

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000016501

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: MASTER AUDIO/CAMERAS CORP

## Current Principal Place of Business:

3650 BENSON PARK BLVD  
ORLANDO, FL 32829

## New Principal Place of Business:

16320 SOUTH POST ROAD  
104  
WESTON, FL 33331

## Current Mailing Address:

3650 BENSON PARK BLVD  
ORLANDO, FL 32829

## New Mailing Address:

16320 SOUTH POST ROAD  
104  
WESTON, FL 33331

FEI Number: 20-8299266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PUCHE, LUIS SR  
3650 BENSON PARK BLVD  
ORLANDO, FL 32829 US

## Name and Address of New Registered Agent:

PUCHE, LUIS SR  
16320 SOUTH POST RD  
104  
WESTON, FL 33331 US

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.

SIGNATURE:

01/15/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PUCHE, LUIS SR.  
Address: 3650 BENSON PARK BLVD  
City-St-Zip: ORLANDO, FL 32829

Title: VP ( ) Delete  
Name: RONDON, ADRIANA  
Address: 3650 BENSON PARK BLVD  
City-St-Zip: ORLANDO, FL 32829

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PUCHE, LUIS SR.  
Address: 16320 SOUTH POST ROAD APT 104  
City-St-Zip: WESTON, FL 33331

Title: VP (X) Change ( ) Addition  
Name: RONDON, ADRIANA  
Address: 16320 SOUTH POST ROAD APT 104  
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS PUCHE

P

01/15/2008

Electronic Signature of Signing Officer or Director

Date