2908 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 16, 2008 08:00 A Secretary of State **DOCUMENT # P06000103819** 1. Entity Name MASURI FAMILY CORP. Principal Place of Business Mailing Address 9201 LALIQUE LN #1604 9201 LALIQUE LN #1604 FORT MYERS, FL 33919 FORT MYERS, FL 33919 No Chg-P CR2E034 (11/05) 01112008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5362655 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIERRA, JESUS DO NOT WRITE 9201 LALIQUE LN #1604 FORT MYERS, FL 33919 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITI F SIERRA, JESUS NAME STREET ADDRESS 9201 LALIQUE LN #1604 FORT MYERS, FL 33919 CITY-ST-ZIP TITLE U000000786017 SIERRA, ALICIA T 01/17/08-80024-004 150.00 NAME STREET ADDRESS 9201 LALIQUE LN #1604 CITY-ST-ZIP FORT MYERS, FL 33919 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIEARA Van. 14/08 239-466-4560

R DIRECTOR Description of Descript