2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000041684

1. Entity Name
MASTER DIVERS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 12 AM 9:40

Principal Place of Business	Mailing Address
1420 PENNSYLVANIA AVE #405 MIAMI BEACH, FL 33139	1420 PENNSYLVANIA AVE #405 MIAMI BEACH, FL 33139

(P07000041684P)

05062008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7004 CROWN GATE DRIVE	7004 CROWN GATE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL	City & State: MIAMI LAKES, FL
Zip: 33014 Country: USA	Zip: 33014 Country: USA

4. FEI Number: 41-2236002 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PINO, MARTA C 1420 PENNSYLVANIA AVE #405 MIAMI BEACH, FL 33139	Name: BRANDAO, GALBA Street Address (P.O. Box Number is Not Acceptable): 7004 CROW GATE DRIVE City: MIAMI LAKES FL Zip Code: 33014

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: _____ 05/06/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	P ☑ Delete	TITLE	P ☑ Change ☐ Addition
NAME	ETCHEMENDY, JOHN D	NAME	BRANDAO, GALBA
STREET ADDRESS	1420 PENNSYLVANIA AVE	STREET ADDRESS	7004 CROW GATE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	V ☑ Delete	TITLE	☑ Change ☐ Addition
NAME	PINO, MARTA C	NAME	
STREET ADDRESS	1420 PENNSYLVANIA AVE	STREET ADDRESS	NONE
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	000130679540
STREET ADDRESS		STREET ADDRESS	06/03/08--01023--016 **61.25
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 05/06/08 786-286 1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #