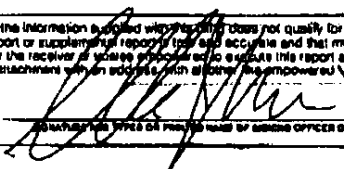


**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90018 018 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

3/18/2008-9

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                                                                                                                           |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P07000112208</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    |                                                          |                                                                   |
| 1. Entity Name<br><b>MASCARI - FLORIDA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                                                                           |                                                                   |
| Principal Place of Business<br><b>4600 N. OCEAN DRIVE, #1402<br/>SINGER ISLAND, FL 33404</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | Mailing Address<br><b>4600 N. OCEAN DRIVE, #1402<br/>SINGER ISLAND, FL 33404</b>                                                          |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                    | 3. Mailing Address                                                                                                                        |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | Suite, Apt. #, etc.                                                                                                                       |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | City & State                                                                                                                              |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country                                                            | Zip                                                                                                                                       | Country                                                           |
| 4. FEI Number<br><b>26-1242847</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    | Applied For<br>Not Applicable                                                                                                             |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                           |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>MASCARI, CHARLES J.<br/>4600 N. OCEAN DRIVE<br/>SINGER ISLAND, FL 33404</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box required if not applicable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 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<br>After May 1, 2008 Fee will be \$300.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                                                                                                                                           |                                                                   |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                                                                                                                           |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                     |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Officer <input type="checkbox"/> Director | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Officer <input type="checkbox"/> Director | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Officer <input type="checkbox"/> Director | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Officer <input type="checkbox"/> Director | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Officer <input type="checkbox"/> Director | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Officer <input type="checkbox"/> Director | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied in this report 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 another, the empowered. |                                                                    |                                                                                                                                           |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    | 3-15-08                                                                                                                                   |                                                                   |
| Signature of Officer or Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    | Date                                                                                                                                      |                                                                   |

66006017



02282008 Chg-P CRZE034 (12/08)

ATTACHMENT

**THE GEARY GROUP, P.C.**

CERTIFIED PUBLIC ACCOUNTANTS  
AND BUSINESS ADVISORS

51221 Schoenherr Road, Ste. 105  
Shelby Township, MI 48315

586-726-0010  
fax 586-726-9901  
Email: Gearygroupc@aol.com

April 3, 2008

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Mascari-Florida, Inc.  
Ref # P07000112206

We are in receipt of the letter dated March 25, 2008 regarding the annual report for Mascari-Florida, Inc.

Enclosed is the updated annual report listing the Federal Id # 26-1242847 and listing the officer as:

Charles J. Mascari, President  
4600 N. Ocean Drive  
Singer Island, FL 33404

Please accept the Florida Annual Report as being timely filed.

Thank you for your assistance in this matter.

Sincerely,



Rebekah A. Macfarlane  
Certified Public Accountant