

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000018110

Entity Name: MAS Y MENOS INC.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

151 NORTH NOB HILL ROAD
110
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

151 NORTH NOB HILL ROAD
110
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 11-3828854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAMUELS, JASON D
151 N NOB HILL RD.
110
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAMUELS, JASON D
Address: 151 N NOB HILL RD., #110
City-St-Zip: PLANTATION, FL 33324 US

Title: VP () Delete
Name: ACOSTA, SANTIAGO
Address: 151 N NOB HILL RD., #110
City-St-Zip: PLANTATION, FL 33324 US

Title: T () Delete
Name: HERNANDEZ, LYDIA
Address: 151 N NOB HILL RD., #110
City-St-Zip: PLANTATION, FL 33324 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: COOPER, JOAN
Address: 151 N NOB HILL RD., #110
City-St-Zip: PLANTATION, FL 33324

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: JASON SAMUELS

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date