2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000025683

Entity Name: MASTER MAID SERVICES CORP

FILED Mar 04, 2011 Secretary of State

Current Princip	pal Place of Business:	New Principal Place of Business

16300 NE 19 AVE, SUITE 214 7501 E TREASURE DRIVE SUITE 104 NORTH MIAMI, FL 33162 NORTH BAY VILLAGE, FL 33141 NO

Current Mailing Address: New Mailing Address:

16300 NE 19 AVE, SUITE 214 7501 E TREASURE DRIVE SUITE 104 NORTH MIAMI, FL 33162 NORTH BAY VILLAGE, FL 33141 NO

FEI Number: 26-4556573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROMERO, KARLA 1611 NE 110 TERRACE MIAMI, FL 33161 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C

Name: ROMERO, KARLA Address: 1611 NE 110 TERRACE City-St-Zip: MIAMI, FL 33161 NO

Title: C

Name: ROMERO, KARLA

Address: 7501 E TREASURE DR SUITE 104 City-St-Zip: NORTH BAY VILLAGE, FL 33141 NO

Title: C

Name: ROMERO, KARLA

Address: 7501 E TREASURE DR SUITE 104 City-St-Zip: NORTH BAY VILLAGE, FL 33141 NO

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Title:

Name: ROMERO, KARLA

Address: 7501 E TREASURE DR SUITE 104 City-St-Zip: NORTH BAY VILLAGE, FL 33141 NO

Title: C

Name: ROMERO, KARLA

Address: 7501 E TREASURE DR SUITE 104 City-St-Zip: NORTH BAY VILLAGE, FL 33141 NO

I hereby 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 all other like empowered.

SIGNATURE: KARLA ROMERO C 03/04/2011