

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000035156

Entity Name: MASSIF SUPPLIES CORP

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9737 NW 41ST STREET  
518  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

9737 NW 41ST STREET  
518  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 27-2475941      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

TORRES, MAIGUALIDA  
9737 NW 41ST STREET  
518  
DORAL, FL 33178 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TORRES, MAIGUALIDA  
Address: 9737 NW 41ST STREET #518  
City-St-Zip: DORAL, FL 33178

Title: D  
Name: LAURENT, WILLIAM  
Address: URBANIZATION LA VAQUERA, TORRES D PISO #1  
City-St-Zip: GUARENAS ESTADO MIRANDA, VE

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: MAIGUALIDA TORRES

P

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date