

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000044229

Entity Name: MSS ASSOC. INC.

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

**Current Principal Place of Business:**

3265 NORTH OCEAN BLVD.  
GULF STREAM, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

C/O EVAN B. AZRILIAN  
36 WEST 44TH STREET, SUITE 1100  
NEW YORK, NY 10036

**New Mailing Address:**

FEI Number: 65-0428544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHWARTZ, MARTIN  
3265 NORTH OCEAN BLVD.  
GULF STREAM, FL 33483 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: D  
Name: SCHWARTZ, MARTIN  
Address: 3265 NORTH OCEAN BLVD.  
City-St-Zip: GULF STREAM, FL 33483

Title: S  
Name: AZRILIAN, EVAN B  
Address: 36 WEST 44TH STREET, SUITE 1100  
City-St-Zip: NEW YORK, NY 10036 US

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: MARTIN SCHWARTZ

D

04/26/2011

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

\_\_\_\_\_  
Date