
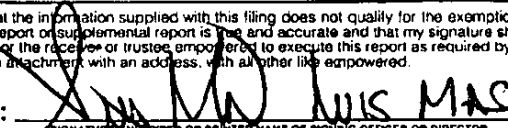


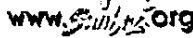
FILED
Aug 27, 2007 8:00 am
Secretary of State

06-14-2007 90001 013 ***150.00

08-27-2007 90034 008 ***400.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000017492					
1. Entity Name MAS FORKLIFT & PARTS, INC.					
Principal Place of Business 8570 N.W. 56TH ST. MIAMI, FL 33166			Mailing Address 8570 N.W. 56TH ST. MIAMI, FL 33166		
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 65-0477357	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAS, LUIS 8570 N.W. 56TH ST. MIAMI, FL 33166				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD MAS, LUIS 8570 N.W. 56TH ST. MIAMI, FL 33166 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 all other like empowered.					
SIGNATURE: 			6-11-07 305-477-9985		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

www.Sunbiz.org**ATTACHMENT**
40130443
Division of Corporations

Annual Report

Annual Report Help

Document Number

P04000017492

Business Entity Name

MAS FORKLIFT & PARTS, INC.

FBI Number

650477357

FBI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

8570 N.W. 56TH ST.

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33166

Mailing Address

Address

8570 N.W. 56TH ST.

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33166

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

MAS

LUIS

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

8570 N.W. 56TH ST.

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33166

US

ATTACHMENT 40130443

- ~~#A94000017492~~
- If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PTSD		
Name (Last, First, Middle, Title)	MAS	LUIS	
- OR -			
Entity Name to serve as Officer/Director			
Street Address	8570 N.W. 56TH ST.		
City, State	MIAMI	FL	
Zip Code & Country	33166		
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as Officer/Director			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
- OR -			
Entity Name to serve as Officer/Director			
Street Address			
City, State			
Zip Code & Country			