



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90391 012 ***150.00

DOCUMENT # P94000087663						
1. Entity Name MASDI, INC.						
Principal Place of Business % HAYDEE CEBALLOS, C.P.A. 354 SEVILLA AVE. CORAL GABLES, FL 33134			Mailing Address % HAYDEE CEBALLOS, C.P.A. 354 SEVILLA AVE. CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box # 354 SEVILLA AVENUE		3. Mailing Address 354 SEVILLA AVENUE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252008 Chg-P CR2E034 (12/06)		
City & State CORAL GABLES FL.		City & State CORAL GABLES FL.		4. FEI Number 65-0595404		
Zip Country 33134 US		Zip Country 33134 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CEBALLOS, HAYDEE A 354 SEVILLA AVE CORAL GABLES, FL 33134				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	DPS CEBALLOS, HAYDEE A. 354 SEVILLA AVE. CORAL GABLES, FL <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	VP DELMELO, DIMAS P RT BARA O DE IAGUARA 836 COMBACI SAO PAULO BRAZIL SP, <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DENMELO PIMENTA, DIMAS RT. BARAO DE JAGUARA 836 COMBACI SAOPAULO BRAZIL, SP. <input checked="" 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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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: <u>Haydee Ceballos</u> <u>HAYDEE CEBALLOS</u> <u>4/25/08</u> <u>305-448-5255</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						