2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# P95000063609

Entity Name: MASTROPIERO, INC.

Current Principal Place of Business:

1009 KANE CONCOURSE
BAY HARBOR, FL 33154

New Principal Place of Business:

Current Mailing Address:

1666-79ST KENNEDY CSWAY
#102
N BAY VILLAGE, FL 33141

New Mailing Address:

FEI Number: 65-0610166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMONS, BARRY L ESQ.
9100 S. DADELAND BLVD.
#400
MIAMI, FL 33156 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	ROY, GABRIELA	
Address:	1666-79TH ST. KENNDEY CSWY. #102	
City-St-Zip:	NORTH BAY VILLAGE, FL 33141	
Title:	AS	(X) Delete
Name:	ORIOLO, HERNAN	
Address:	1666-79TH ST. KENNEDY CSWY. #102	
City-St-Zip:	N. BAY VILLAGE, FL 33141	
Title:	EVP	( ) Delete
Name:	CADAVID, JOSE	
Address:	1666-79TH STREET KENNEDY CSWY #102	
City-St-Zip:	NORTH BAY VILLAGE, FL 33141	
Title:	P	( ) Delete
Name:	ROY, ELOY	
Address:	1666-79ST. KENNEDY CAUSEWAY #102	
City-St-Zip:	NORTH BAY VILLAGE, FL 33141	
Title:	VP	( ) Delete
Name:	PORTELA, ALEJANDRO	
Address:	1666-79TH ST. KENNEDY CAUSEWAY #102	
City-St-Zip:	NORTH BAY VILLAGE, FL 33141	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GABRIELA ROY S 03/13/2007

Electronic Signature of Signing Officer or Director — Date