


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90036 040 \*\*\*150.00

**DOCUMENT # P95000063609**

1. Entity Name  
**MASTROPIERO, INC.**



Principal Place of Business  
**1009 KANE CONCOURSE  
 BAY HARBOR, FL 33154**

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

40104041



05142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0610166**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	ROY, GABRIELA
STREET ADDRESS	1666-79TH ST. KENNEDY CSWAY #102
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141
TITLE	EVP
NAME	CADAVID, JOSE
STREET ADDRESS	1666-79TH STREET KENNEDY CSWAY #102
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141
TITLE	P
NAME	ROY, ELOY
STREET ADDRESS	1666-79ST. KENNEDY CAUSEWAY #102
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141
TITLE	VP
NAME	PORTELA, ALEJANDRO
STREET ADDRESS	1666-79TH ST. KENNEDY CAUSEWAY #102
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: GABRIELA ROY 5/14/08 (3)866 1238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #