


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-11-2007 90015 045 ***150.00

| | | | | | |
|--|--|--|--|---|--|
| DOCUMENT # P96000048485 | | | |  | |
| 1. Entity Name MAS POR MENOS INTERNATIONAL, INC. | | | | | |
| Principal Place of Business 1626 WEST FLAGLER ST. #1 MIAMI FL 33135 | | Mailing Address 1626 WEST FLAGLER ST. #1 MIAMI FL 33135 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0674799 | |
| Zip | | Zip | | Country | |
| Country | | Country | | Country | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 6. Name and Address of Current Registered Agent PEREZ, NARCISA 1626 WEST FLAGLER ST. #1 MIAMI FL 33135 | | | 7. Name and Address of New Registered Agent Name <u>PAYANO, NARCISA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1626 W Flagler St</u> <u>MIAMI</u> <u>FL 33135</u> City <u>MIAMI</u> State <u>FL</u> Zip Code <u>33135</u> | | |
| 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 <u>Narcisa Payano</u> (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State. | | | 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 | PD PEREZ, NARCISA 1358 N.W. 33RD ST. MIAMI FL 33142 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <u>PAYANO, NARCISA</u> | <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 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Narcisa Payano</u> | | | 4-22-07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |