

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000080003

FILED
Jan 07, 2004
Secretary of State

Entity Name: M.A.S. EQUIPMENT & SERVICE, INC.

Current Principal Place of Business:

51 NORTH FLAGLER AVENUE
HOMESTEAD, FL 33033

New Principal Place of Business:

Current Mailing Address:

51 NORTH FLAGLER AVENUE
HOMESTEAD, FL 33033

New Mailing Address:

FEI Number: 65-0783302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, SERGIO
51 NORTH FLAGLER AVE
HOMESTEAD, FL 33030 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: PD () Delete
Name: GARCIA, SERGIO
Address: 51 NORTH FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: VD (X) Delete
Name: GARCIA, MICHAEL J
Address: 51 NORTH FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: STD () Delete
Name: GARCIA, SANDRA L
Address: 51 NORTH FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: S () Delete
Name: GARCIA, AMY
Address: 51 NORTH FLAGLER AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: GARCIA, SHARON
Address: 51 N FLAGLER AVE
City-St-Zip: HOMESTEAD, FL 33030

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 Section 119.07(3)(i), 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: SERGIO GARCIA

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date