2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000080003

GARCIA, SHARON

51 N FLAGLER AVE

HOMESTEAD, FL 33030

Name:

Address:

City-St-Zip:

FILED Apr 27, 2009 Secretary of State

Entity Name: M.A.S. EQUIPMENT & SERVICE, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
	I FLAGLER AV EAD, FL 33030				
Current Mailing Address:			New Mailing Address:		
1140 BELM MONTERE	MONT DR. EY, TN 38574				
FEI Number:	65-0783302	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
GARCIA, SERGIO 51 NORTH FLAGLER AVE HOMESTEAD, FL 33030 US			GARCIA, SERGIO PRES. 51 NORTH FLAGLER AVE HOMESTEAD, FL 33030 US		
The above in the State	named entity s of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: SERGIO GARCIA				04/27/2009	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () GARCIA, SERG 51 NORTH FLA HOMESTEAD, I	GLER AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () GARCIA, SAND 51 NORTH FLA HOMESTEAD, I	GLER AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () GARCIA, AMY 51 NORTH FLA HOMESTEAD, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SERGIO GARCIA **PRES** 04/27/2009