



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000099899</b> 1. Entity Name <b>MAASLANDER, INCORPORATED</b>	
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Principal Place of Business <b>701 BRICKELL AVENUE #2620 MIAMI, FL 33131</b>	Mailing Address <b>701 BRICKELL AVENUE #2620 MIAMI, FL 33131</b>
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01152007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0809778</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HELLER, LAWRENCE R ESQ. 2 SOUTH BISCAYNE BLVD., SUITE 1570 MIAMI, FL 33131</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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.

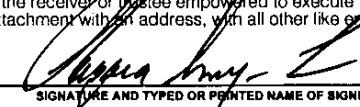
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000598302 01/24/07-80070-016 150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD AMENG-TORRES, LAZARA 701 BRICKELL AVE., SUITE 2620 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD DELANGEN, HANS 701 BRICKELL AVE. STE. 2620 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMEETS, CHRISTOPHER G 701 BRICKELL AVENUE MIAMI, FL 33131</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**  **LAZARA Ameng-Torres** 1/12/07 (305) 577 8414

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