

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State** ATX

<b>DOCUMENT #</b> P98000034715	
<b>1. Entity Name</b>	
MASCINA PAPER& HANGING CORP	

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 14818 SW 108TH TERRACE	<b>3. Mailing Address</b> SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b> SAME
<b>Zip</b> 33196	<b>Country</b> USA
<b>Zip</b> SAME	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0832781	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

DO NOT WRITE  
IN THIS SPACE

**7. Name and Address of Current Registered Agent**

<b>Name</b> CLAUDIO MASCINA	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 14818 SW 108TH TERRACE	
<b>City</b> MIAMI	<b>FL</b> <b>Zip Code</b> 33196

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>Added to Fees</b>
<b>Make Check Payable to Florida Department of State</b>	

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAUDIO MASCINA 14818 SW 108TH TERRACE MIAMI FL 33196	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000214281 02/04/05-80006-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS ANA MASCINA 14818 SW 108TH TERRACE MIAMI FLORIDA 33196	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 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 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **PRESIDENT** **1/25/2005** **305-386-7546**

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