


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90260 015 ***150.00

DOCUMENT # P98000103453 1. Entity Name M & S CONSTRUCTION SERVICES, INC.																																																																								
Principal Place of Business 3901 SR 84 305 DAVIE, FL 33312		Mailing Address 3901 SR 84 305 DAVIE, FL 33312																																																																						
2. Principal Place of Business 1141 S.W. 107 Way Suite, Apt. #, etc.	3. Mailing Address 1141 S.W. 107 Way Suite, Apt. #, etc.																																																																							
City & State Davie, FL Zip 33324	City & State Davie, FL Zip 33324	Country Broward																																																																						
4. FEI Number 65-0880767		Applied For <input type="checkbox"/> Not Applicable																																																																						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MAZZA, MARY BETH 3901 SR 84 UNIT 305 DAVIE, FL 33312																																																																						
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00																																																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>MAZZA, MARYBETH</td> <td>3901 SR 84 305</td> <td>DAVIE, FL 33312</td> <td></td> </tr> <tr> <td></td> <td>PD MAZZA, Mary Beth</td> <td>1141 S.W. 107 Way</td> <td>Davie, FL. 33324</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>Delete <input type="checkbox"/></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>		MAZZA, MARYBETH	3901 SR 84 305	DAVIE, FL 33312			PD MAZZA, Mary Beth	1141 S.W. 107 Way	Davie, FL. 33324	Delete <input type="checkbox"/>					Delete <input type="checkbox"/>					Delete <input type="checkbox"/>					Delete <input type="checkbox"/>					Delete <input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																														
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																								
SIGNATURE: <u>Mary Beth Mazza</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-9-04 954-214-2245 <small>Date Daytime Phone #</small>																																																																						

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