

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027357

FILED
May 01, 2009
Secretary of State

Entity Name: MASARI INVESTMENTS CORPORATION

Current Principal Place of Business:

2219 HOLLYWOOD BLVD.
STE 105
HOLLYWOOD, FL 33020

New Principal Place of Business:

21205 YACHT CLUB DR
#703
AVENTURA, FL 33180

Current Mailing Address:

2218 HOLLYWOOD BLVD
STE 105
HOLLYWOOD, FL 33020

New Mailing Address:

PO BOX 80-0047
AVENTURA, FL 33280

FEI Number: 59-3566008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARAGA, MATEAS
21205 YACHT CLUB DR
APT. 703
AVENTURA, FL 33180 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SARAGA, MATEAS
Address: 21205 YACHT CLUB DR #703
City-St-Zip: AVENTURA, FL 33180

Title: VD () Delete
Name: SARAGA, ARIE
Address: 5002 SW 35 TERR
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DTS () Delete
Name: SARAGA, MOISES
Address: 3370 HIDDEN BAY DR #202
City-St-Zip: AVENTURA, FL 33180

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:

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MATEAS SARAGA

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date