

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM  
Secretary of State

DOCUMENT # P99000036513

1. Entity Name

HERMANAS MAS, INC.



Principal Place of Business

C/O GRUENINGER & PUJOL, P.A.  
3191 CORAL WAY, SUITE 1005  
MIAMI FL 33145

Mailing Address

PO BOX 5627  
KATY TX 77491

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0936541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

GRUENINGER & PUJOL, P.A.  
3191 CORAL WAY, SUITE 1005  
MIAMI FL 33145

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MAS DE HAZOURY, IDALINA ☐ Delete  
STREET ADDRESS C/O GRUENINGER & PUJOL, P.A.  
CITY-ST-ZIP MIAMI FL 33145

TITLE VPD  
NAME ROJAS, LUIS ☐ Delete  
STREET ADDRESS C/O GRUENINGER & PUJOL, P.A.  
CITY-ST-ZIP MIAMI FL 33145

TITLE SD  
NAME MAS, ADA ☐ Delete  
STREET ADDRESS C/O GRUENINGER & PUJOL, P.A.  
CITY-ST-ZIP MIAMI FL 33145

TITLE EVP  
NAME MAS DE LARSON, ADA ☐ Delete  
STREET ADDRESS C/O GRUENINGER & PUJOL, P.A.  
CITY-ST-ZIP MIAMI FL 33145

TITLE D  
NAME PENSON, CAESAR NICOLAS ☐ Delete  
STREET ADDRESS #149 APT. 302 Y 301, SANTA DOMINGO  
CITY-ST-ZIP REPUBLICA DOMINICAN

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000034500  
CITY-ST-ZIP 02/05/04-80086-008 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*ADA MAS* ADA MAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04

281-398-7123

Date

Daytime Phone #