


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000036513</b>		
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	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  GRUENINGER & PUJOL, P.A. 3191 CORAL WAY, SUITE 1005 MIAMI, FL 33145		<b>DO NOT WRITE IN THIS SPACE</b>
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 renewing)</small> 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>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAS DE HAZOURY, IDALINA C/O GRUENINGER & PUJOL, P.A. MIAMI, FL 33145	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP ROJAS, LUIS C/O GRUENINGER & PUJOL, P.A. MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAS, ADA C/O GRUENINGER & PUJOL, P.A. MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MAS DE LARSON, ADA C/O GRUENINGER & PUJOL, P.A. MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENSON, CAESAR NICOLAS #149 APT. 302 Y 301, SANTA DOMINGO REPUBLICA DOMINICAN.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
<b>SIGNATURE:</b> <i>Ada Mas Larson</i> <b>ADA MAS LARSON</b>		<b>1-5-07</b> <b>281-398-7123</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0936541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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05/01/07-80068-014 150.00