

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000069311

1. Entity Name
MASUDA & ASSOCIATES, INC.



**FILED
Feb 23, 2004 8:00 am
Secretary of State**

02-23-2004 90015 014 ***150.00

44011287



02102004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0938387	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSHINSKY, LEONARD
1150 E. HALLANDALE BEACH BLVD., STE. A
HALLANDALE, FL 33009

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**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MASUDA, HACHIRO
STREET ADDRESS 10840 ROYAL CARIBBEAN CIR.
CITY-ST-ZIP BOYNTON BEACH, FL 33437

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

7662 Greenbrier Circle
Port St. Lucie FL 34986

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE

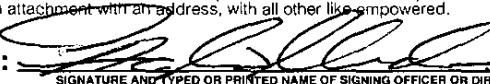
NAME

STREET ADDRESS

CITY-ST-ZIP

Change Addition

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:  HACHIRO MASUDA 2/18/04 (772)467-8916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #