

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000091378

1. Entity Name

MASSA HANDBAGS WORLD, INC.



**FILED
May 07, 2007 8:00 am
Secretary of State**

05-07-2007 90075 023 ***150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business 777 NW 72ND AVE. SUITE #2B6 MIAMI FL 33126		Mailing Address 777 NW 72ND AVE. SUITE #2B6 MIAMI FL 33126	
2. Principal Place of Business - No P.O. Box # 777 NW 72ND AVE. Suite, Apt. #, etc. 2083		3. Mailing Address 777 NW 72nd Ave Suite, Apt. #, etc. 2083	
City & State Miami, FL		City & State Miami, FL	
Zip 33126	Country USA	Zip 33126	Country USA
6. Name and Address of Current Registered Agent IP, MAN BIU 777 NW 72ND AVE. SUITE #2B6 MIAMI FL 33126			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 777 NW 72nd Ave Sts. # 2083 City Miami FL Zip Code 33126			

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

(NOTE Registered Agent signature required when reinstating)

DATE

4/2/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IP, MAN BIU 6550 SW 41 COURT DAVIE FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

(Signature) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Man Biu JP

4/2/07

305 261-0068

Date

Daytime Phone #