


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)-

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

05-07-2007 90075 023 ***150.00

DOCUMENT # P99000091378	
1. Entity Name MASSA HANDBAGS WORLD, INC.	

Principal Place of Business 777 NW 72ND AVE. SUITE #2B6 MIAMI FL 33126	Mailing Address 777 NW 72ND AVE. SUITE #2B6 MIAMI FL 33126
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2. Principal Place of Business - No P.O. Box # 777 NW 72ND AVE	3. Mailing Address 777 NW 72ND AVE
Suite, Apt. #, etc. 2083	Suite, Apt. #, etc. 2083

1st MOORE CR2E034 (10/06)

City & State Miami, FL	City & State Miami, FL
Zip 33126	Country USA

4. FEI Number 65-0966761	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent IP, MAN BIU 777 NW 72ND AVE. SUITE #2B6 MIAMI FL 33126
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 777 NW 72ND AVE Suite # 2083 City Miami FL Zip Code 33126
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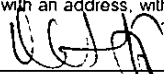
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	DATE 4/2/07 (NOTE: Registered Agent signature required when reinstating.)

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P IP, MAN BIU 6550 SW 41 COURT DAVIE FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/2/07 Daytime Phone # 305 261-0068