2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S53832

1. Entity Name
MASCUATES CORPORATION



Principal Place of Business

255 RIDGEWOOD R KEY BISCAYNE, FL 33149 Mailing Address

777 BRICKELL AVE 630

MIAMI, FL 33131

FILED Jan 24, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01092007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0268084 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERDIE, AINSLEE R. 717 PONCE DE LEON BLVD SUITE 215 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URRUELA, JUAN 217 WEST ENID DR. KEY BISCAYNE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URRUELA, ESTELA 217 WEST ENID DR. KEY BISCAYNE, FL		. U00000601606 01/26/07-80057-008 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
AITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			• • • • • • • • • • • • • • • • • • • •		
TITLE NAME STREET ADDRESS CITY-SI-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.

SIGNATURE:

01/20/07 (305) 374-0502