


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # V29000 1. Entity Name MASSES-VALERA & ASSOCIATES, P.A.	
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Principal Place of Business 13164 S.W. 19 TRR. MIAMI, FL 33175 US	Mailing Address P.O. BOX 14-3111 CORAL GABLES, FL 33114 US
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03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

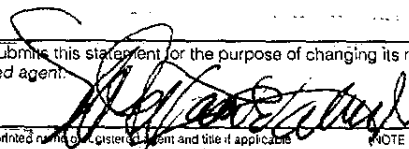
4. FEI Number 65-0399349	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MASSES-VALERA, MARIO 13164 SW 19TH TERRACE MIAMI, FL 33175

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:  DATE: 

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

UN00000312357

04/18/05 00077 017 158.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASSES-VALERA, MARIO 995 S.W. 84TH AVE. # 304 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MASSES-VALERA, MARIO, JR 13164 SW 19TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE:  DAYTIME PHONE: _____