

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90144 037 \*\*\*150.00

<b>DOCUMENT # V41795</b> 1. Entity Name <b>MAS ORFUS, INC.</b>					
Principal Place of Business <b>2699 STIRLING ROAD SUITE C-307 FT. LAUDERDALE, FL 33312</b>			Mailing Address <b>2699 STIRLING ROAD SUITE C-307 FT. LAUDERDALE, FL 33312</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0343621</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BLEIER, HENRY 2699 STIRLING ROAD SUITE C-307 FT. LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name <b>BLEIER, HENRY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1726 N. Pine Island Rd # 118</b> City <b>PLANTATION, FL</b> Zip Code <b>33322</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>ORFUS, YETTA</b> <b>1020 LAWRENCE AVE., W.</b> <b>TORONTO, CANADA,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ORFUS, YETTA</b> <b>1020 LAWRENCE AVE., W.</b> <b>TORONTO, CANADA,</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ORFUS, HOWARD</b> <b>1020 LAWRENCE AVENUE</b> <b>TORONTO, CA</b>	<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			
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 person exclusively 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.					
<b>SIGNATURE:</b> <b>Elliott M. Ross, Agent</b> <b>4-16-08</b> <b>727-725-2800</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					