

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 324472**

1. Entity Name  
**MAZZONI FARMS INC**



Principal Place of Business  
**3995 W. BOYNTON BEACH BLVD**  
**BOYNTON BEACH, FL 33437 US**

Mailing Address  
**6665 SKYLINE DRIVE**  
**DELRAY BEACH, FL 33446 US**



01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1198192</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

**6. Name and Address of Current Registered Agent**

**MAZZONI, WILLIAM**  
**6665 SKYLINE DRIVE**  
**DELRAY BEACH, FL 33446**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1100000396704  
 01/30/06-80021-001 150.00

**OFFICERS AND DIRECTORS**

NAME	ST
MAZZONI, PATRICIA A	
STREET ADDRESS	6665 SKYLINE DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
NAME	P
MAZZONI, WILLIAM A.	
STREET ADDRESS	6665 SKYLINE DRIVE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

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 an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia A. Mazzoni* **PATRICIA A. MAZZONI** 1/20/06 561-638-0681  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #