



FILED
Feb 04, 2008 08:00 A
Secretary of State

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 324472		
1. Entity Name MAZZONI FARMS INC		
Principal Place of Business 6995 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437 US		Mailing Address 6665 SKYLINE DRIVE DELRAY BEACH, FL 33446 US
DO NOT WRITE IN THIS SPACE		
 01042008 No Chg-P CR2E034 (11/05)		
4. FEI Number 59-1198192		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MAZZONI, WILLIAM 6665 SKYLINE DRIVE DELRAY BEACH, FL 33446		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	ST	DO NOT WRITE IN THIS SPACE
NAME	MAZZONI, PATRICIA A	
STREET ADDRESS	6665 SKYLINE DRIVE	
CITY- ST- ZIP	DELRAY BEACH, FL 33446	
TITLE	P	
NAME	MAZZONI, WILLIAM A.	
STREET ADDRESS	6665 SKYLINE DRIVE	
CITY- ST- ZIP	DELRAY BEACH, FL 33446	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- 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: <i>William A. Mazzoni</i>		Date: <i>2-1-08</i> 561-638-0681
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>

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 02/14/08-80016-020 150.00