

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 324472

FILED  
Mar 09, 2012  
Secretary of State

Entity Name: MAZZONI FARMS INC

**Current Principal Place of Business:**

6995 W. BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33437 US

**New Principal Place of Business:**

**Current Mailing Address:**

6665 SKYLINE DRIVE  
DELRAY BEACH, FL 33446 US

**New Mailing Address:**

FEI Number: 59-1198192      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: MAZZONI, PATRICIA A  
Address: 6665 SKYLINE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: P  
Name: MAZZONI, WILLIAM A.  
Address: 6665 SKYLINE DRIVE  
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A MAZZONI

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

ST

03/09/2012

\_\_\_\_\_ Date