

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028744

FILED
Apr 25, 2005
Secretary of State

Entity Name: MAZAR ENTERPRISES, INC.

Current Principal Place of Business:

1860 NORTH COUNTRY CLUB ROAD
MESA, AZ 85201

New Principal Place of Business:

Current Mailing Address:

2153 LEE ROAD
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 65-1188143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZAR, DANIEL D
2153 LEE ROAD
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: MAZAR, DANIEL D DVP
Address: 2153 LEE ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MAZAR, ADRIAN E D
Address: 20 S CLARK STREET STE 200
City-St-Zip: CHICAGO, IL 60608

Title: D () Delete
Name: MAZAR, VLASTIMIR D DP
Address: 14035 SOUTH 34TH PLACE
City-St-Zip: PHOENIX, AZ 85044

Title: STR () Delete
Name: MAZAR, MARY E STR
Address: 14035 SOUTH 34TH PLACE
City-St-Zip: PHOENIX, AZ 85044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIEL D. MAZAR

Electronic Signature of Signing Officer or Director

DVP

04/25/2005

_____ Date