## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000071022

Entity Name: MAZZA JETT, INC.

**FILED** Mar 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2629 NASSAU ST 935 NORTH BENEVA ROAD SARASOTA, FL 34231

SUITE 701

SARASOTA, FL 34232

**Current Mailing Address: New Mailing Address:** 

2629 NASSAU ST 935 NORTH BENEVA ROAD SARASOTA, FL 34231 SUITE 701

SARASOTA, FL 34232 US

FEI Number: 26-3067496 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ALRON ENTERPRISES, INC. MAZZA, RICCARDO PD 3990 MINTON ROAD 2225 BAHIA VISTA STREET WEST MELBOURNE, FL 32904 US SARASOTA, FL 34241

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: RICCARDO MAZZA 03/13/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete Title: (X) Change ( ) Addition MAZZA, RICCARDO Name: Name: MAZZA, RICCARDO 2225 BAHIA VISTA STREET 2225 BAHIA VISTA STREET Address: Address:

City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241

Title: SD Title: (X) Change ( ) Addition ( ) Delete Name: FIRELLI, MARIA Name: FIRELLI MARIA

2225 BAHIA VISTA STREET 2225 BAHIA VISTA STREET Address: Address: SARASOTA, FL 34241 SARASOTA, FL 34241 City-St-Zip: City-St-Zip:

Title: Title: PD (X) Delete () Change () Addition

JETT, JOHN C Name: Name: 2629 NASSAU ST Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip:

Title: TD (X) Delete Title: () Change () Addition

JETT, MICHELLE N Name: Name: Address: 2629 NASSAU ST Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICCARDO MAZZA PD 03/13/2009