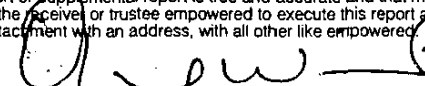


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90420 035 ***150.00

DOCUMENT # P99000089300 1. Entity Name MAZAL, CORP.			
Principal Place of Business 3300 NE 191ST STREET, #1707 AVENTURA, FL 33180		Mailing Address 3300 NE 191ST STREET, #1707 AVENTURA, FL 33180	
2. Principal Place of Business 3300 NE 191str.		3. Mailing Address 3300 NE 191str.	
Suite, Apt. #, etc. Apt. 406		Suite, Apt. #, etc. Apt. 406	
City & State Aventura, Fl.		City & State Aventura, Fl.	
Zip 33180		Zip 33180	
Country USA.		Country USA.	
4. FEI Number 65-0955385		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINER, JACKY 3300 NE 191ST STREET, #1707 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name Winer, Jacky Street Address (P.O. Box Number is Not Acceptable) 3300 NE 191 Street #406 City Aventura FL Zip Code 33180	
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: 4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINER, JACKY 3300 NE 191ST STREET, #1707 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Winer, Jacky D. 3300 NE 191str. Apt. (406) Aventura, Fl. 33180.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONSKOY, ANA 3300 NE 191ST STREET, #1707 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Donskoy Ana 3300 NE 191str. (Apt. 406) Aventura, Fl. 33180.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4/27/06 Daytime Phone # (305) 792-2609	