


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90039 008 ***150.00

DOCUMENT # P99000089300	
1. Entity Name MAZAL, CORP.	

Principal Place of Business 3300 NE 191ST STREET APT 1907 AVENTURA, FL 33180	Mailing Address 3300 NE 191ST STREET APT 406 AVENTURA, FL 33180
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3300 NE 191st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apt. 1907
City & State	City & State Aventura, Florida
Zip	Zip 33180
Country	Country



03142008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0955385	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WINER, JACKY 3300 NE 191ST STREET APT 406 AVENTURA, FL 33180	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME WINER, JACKY	
STREET ADDRESS 3300 E 191ST STREET APT 406	
CITY-ST-ZIP AVENTURA, FL 33180	
TITLE D	<input type="checkbox"/> Delete
NAME DONSKOY, ANA	
STREET ADDRESS 3300 NE 191ST STREET APT 406	
CITY-ST-ZIP AVENTURA, FL 33180	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Winer Jacky	
STREET ADDRESS 3300 NE 191 Str. Apt. 1907	
CITY-ST-ZIP Aventura, FL 33180	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Donskoy Ana	
STREET ADDRESS 3300 NE 191 Str. Apt. 1907	
CITY-ST-ZIP Aventura, FL 33180	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____	4/4/08	305 792-2609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #