

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 324472

**Entity Name:** MAZZONI FARMS INC

**Current Principal Place of Business:**

6995 W. BOYNTON BEACH BLVD  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

6665 SKYLINE DRIVE  
DELRAY BEACH, FL 33446 US

**FEI Number:** 59-1198192

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

ST

03/14/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date