

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90029 018 ***150.00

DOCUMENT # F16656					
1. Entity Name MIZELL & ASSOCIATES, INC.					
Principal Place of Business 2270 NW 6 ST. FT. LAUDERDALE FL 33311 US			Mailing Address 11401 SW 16 ST. DAVIE FL 33325 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2062626	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIZELL, LORRAINE G 11401 SW 16 ST. DAVIE FL 33325			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 <i>Lorraine G. Mizell</i> (Same) <i>1/28/04</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MIZELL, LORRAINE G		NAME		
STREET ADDRESS	11401 S.W. 16TH ST.		STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33325		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	THOMAS-BLANCO, MARIA		NAME	Thomas-Blanco Maria	
STREET ADDRESS	3241 NW 4 CT		STREET ADDRESS	PO. BOX 753	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311		CITY-ST-ZIP	Zellwood FL 32798	
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ARTHUR, WALKER W		NAME		
STREET ADDRESS	11401 SW 16 STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33325		CITY-ST-ZIP		
TITLE	2VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FREDRIC, MIZELL		NAME		
STREET ADDRESS	11401 SW 16 STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33325		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Lorraine Mizell* *1/28/04* *954 791 3546*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #