2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 04, 2008 08:00 AN DOCUMENT # F16656 1. Entity Name **Secretary of State** MIZELL & ASSOCIATES, INC. Principal Place of Business Mailing Aridress 2270 NW 6 ST. FT.LAUDERDALE FL 33311 11401 SW 16 ST. DAVIE FL 33325 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 59-2062626 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIZELL, LOPRAINE G Street Address (P.O. Box Number is Not Acceptable) 11401 SW 16 ST. DAVIE FL 33325 a. The above named entity submits this statement for the purpose rate of \$70 rida. I am familiar with, and accept the obligations of reg SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May 8e After May 1, 2008 Fee Will Be \$550.00 Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Derete TITLE U00000812340 - Change NAME MIZELL, LORRAINE G NAME 02/12/08-80042-019 150.00 STREET ADDRESS 11401 S.W. 16TH ST. STREET ADDRESS CITY ST-7IP DAVIE FL 33325 CITY-ST-ZIP TITLE Darete TITLE Change Addition M-ME THOMAS-BLANCO, MARIA NAME STREET ADDRESS P.O. BOX 753 STREET ADDRESS CITY-ST-ZIP ZELLWOOD FL 32798 CITY-ST-ZIP THLE VΡ Derete TITLE ☐ Change ☐ Addition NAME WALKER, FREDRIC M NAME STREET ADDRESS 11401 SW 16 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33325 ITTLE ☐ Derete TITLE Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE HITE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT: F Addition 🔲 Dereie THEF Change NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- 7/P CITY-ST 7P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attachryent with an address, with all other like empowered.

CER OR DIRECTOR

Date