FILED 2006 FOR PROFIT CORPORATION ANNUAL REPORT Mar 30, 2006 08:00 AM Secretary of State DOCUMENT # K30939 1. Entity Name MAZZEI REALTY SERVICES, INC. Principal Place of Business Mailing Address 250 BIRD ROAD 250 BIRD ROAD **SUITE 300** SUITE 300 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 03212006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0066514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAHLIN, RICHARD A. CPA DO NOT WRITE 20590 W DIXIE HWY N MIAMI BCH., FL 33180 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when feinstaling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTO** TITLE MAZZEI, EDMUND J. NAME 000000486174 STREET ADDRESS 250 BIRD ROAD SUITE 300 04/13/06-80026-025 150.00 CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE NAME STREET ADDRESS CITY-ST-DF TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an affactiment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ANGHATURE AND TYPED ON PHOTED HAVE OF SIGNING OFFICER OR DIRECTOR

DAWN) J. MAZZEI (305)