

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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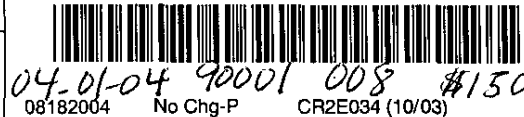
1. Entity Name
MAZEH, INC.



Principal Place of Business
10494 NW 50 STREET
SUITE 202
SUNRISE, FL 33351 US

Mailing Address
1071 SORRENTON DRIVE
FORT LAUDERDALE, FL 33326 US

DO NOT WRITE IN THIS SPACE



04-01-04 90001 008 \$150.00
08182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0172389

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILCHMAN, HOWARD J.
5310 N.W. 33RD AVENUE, SUITE 100
FT. LAUDERDALE, FL 33309

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME OHAYON, ALBERT
STREET ADDRESS 1071 SORRENTO DRIVE
CITY - ST - ZIP FORT LAUDERDALE, FL

TITLE VT
NAME OHAYON, MICHELLE
STREET ADDRESS 1071 SORRENTO DRIVE
CITY - ST - ZIP FORT LAUDERDALE, FL

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date AUG 26 04 Daytime Phone 904 272 0337