

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90016 027 ***150.00

DOCUMENT # L44367

1. Entity Name
MAZEH, INC.



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

Mailing Address
**16500 NW 50 STREET
SUITE 202
SUNRISE, FL 33351 US**

40073543



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10500 NW 50 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

04112007

Chg-P

CR2E034 (12/06)

City & State

City & State

SUNRISE, FL 33351

4. FEI Number

65-0172389

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILCHMAN, HOWARD J.
5310 N.W. 33RD AVENUE, SUITE 300
FT. LAUDERDALE, FL 33309**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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: *Albert Ohayon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 16 2007 914 720337

Date Daytime Phone #