

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013054

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** MZNET, INC.

**Current Principal Place of Business:**

5601 WINSTON PARK N. BOULEVARD  
#104  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

P.O. BOX 970644  
COCONUT CREEK, FL 33097

**New Principal Place of Business:**

1160 N. FEDERAL HWY  
#424  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

1160 N. FEDERAL HWY  
#424  
FORT LAUDERDALE, FL 33304

**FEI Number:** 65-0978736      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SABIO, MARIA E  
5601 WINSTON PARK N. BLVD.  
#104  
COCONUT CREEK, FL 33073

**Name and Address of New Registered Agent:**

SABIO, MARIA E  
1160 N. FEDERAL HWY  
#424  
FORT LAUDERDALE, FL 33304

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.

SIGNATURE: MARIA SABIO

04/29/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: SABIO, MARIA E  
Address: 5601 WINSTON PARK N. BLVD. #104  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition  
Name: SABIO, MARIA E  
Address: 1160 N. FEDERAL HWY #424  
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA SABIO

PTSD

04/29/2004

Electronic Signature of Signing Officer or Director

Date