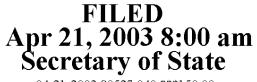
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P00000014273 **DOCUMENT #** 1. Entity Name MZCO, INC.



04-21-2003 90527 040 ***150.00

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Principal Place of Business 4459 1/2 POTOMAC AVE. WEST PALM BEACH FL 33406		Mailing Address 4459 POTOMAC AVE. WEST PALM BEACH FL	33414	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0991754 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent
			Name	
ZURITA, MARIA 4459 POTOMAC AVE.			Street Addres	ss (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33414				
			City	FL Zip Code
the obligat	ions of registered agent. Signature, typed or printed name of registered.	d agent and title if applicable. (NC	DTE: Registered Agent signature requ	stered agent, or both, in the State of Florida. I am familiar with, and accept
After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	0.00 ent of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	·····	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZURITA, MARIA 4459 POTOMAC AVE. WEST PALM BEACH FL 334	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THTLE NAME STREET ADDRESS CHY-ST-ZIP	1/2	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP -	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. Thereby of	ertity that the information supplied	d with this filing does not qualify f	or 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.