


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000005223	
1. Entity Name MAZZOLA'S WEST, RESTAURANT AND PIZZERIA, INC.	

Principal Place of Business 12585 ORANGE DR., STE. 201 DAVIE, FL 33330	Mailing Address 12585 ORANGE DR. SUITE 201 DAVIE, FL 33330
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02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1076342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MAZZOLA, GIUSEPPE 12585 ORANGE DR., STE. A DAVIE, FL 33330	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAZZOLA, GUISEPPE 12585 ORANGE DR., SUITE #201 DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAZZOLA, MARGARET 12585 ORANGE DR., SUITE #201 DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZOLA, MARIANNE 12585 ORANGE DR., SUITE #201 DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZOLA, JOSEPH 12585 ORANGE DR., SUITE #201 DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZOLA, ANTHONY 12585 ORANGE DR., SUITE #201 DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/05-80025-010 150.00

**DO NOT WRITE
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: Riviera Mazzola Giuseppe MAZZOLA PRES 4/1/05 904 424-4227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #