

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90226 039 \*\*\*150.00

**DOCUMENT # P01000119016**

1. Entity Name

M & Z PROPERTIES 2002, INC.



Principal Place of Business

8755 SW 131 ST  
MIAMI, FL 33176

Mailing Address

7957 NW 54 STREET  
MIAMI, FL 33331

**50020162**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number

01-0554063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ZABARI, AVNER  
13605 SW 110 CT  
MIAMI, FL 33176

**DO NOT WRITE  
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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                                      |
|----------------|--------------------------------------|
| TITLE          | DP                                   |
| NAME           | ZABARI, AVNER                        |
| STREET ADDRESS | 13605 SW 110 CT                      |
| CITY-ST-ZIP    | MIAMI, FL 33176                      |
| TITLE          | SD                                   |
| NAME           | MAZOR, DAVID                         |
| STREET ADDRESS | 9980 SW 130 ST 21050 POINT PL # 1502 |
| CITY-ST-ZIP    | MIAMI, FL 33176 AVENTURA, FL 33180   |
| TITLE          |                                      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          |                                      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| TITLE          |                                      |
| NAME           |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MAZOR

1/17/05

Date

305-471-0213

Daytime Phone #