2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000009290

1. Entity Name
GEORGE MAZZEO PRODUCTIONS INC.

Principal Place of Business	Mailing Address
10150 S.W. 16TH COURT DAVIE, FL 33324	10150 S.W. 16TH COURT DAVIE, FL 33324

50041974

04132005   No Chg-P   CR2E034 (10/03)

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4. FEI Number		Applied For
90-0009347		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAZZEO, SHARON
10150 S.W. 16TH COURT
DAVIE, FL 33324

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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 _____

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	P
NAME	MAZZEO, GEORGE
STREET ADDRESS	10150 S.W. 16TH COURT
CITY-ST-ZIP	DAVIE, FL 33324

TITLE	VP
NAME	MAZZEO, SHARON
STREET ADDRESS	10150 S.W. 16TH COURT
CITY-ST-ZIP	DAVIE, FL 33324

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ George L Mazzeo   4-18-05   954-370-8940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #