

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019204

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: MAZER ASSOCIATES FURNITURE INC.

## Current Principal Place of Business:

11930 NORTGH BAYSHORE DR.  
#1103  
NORTH MIAMI, FL 33181

## New Principal Place of Business:

2000 TOWERSIDE TERRACE  
#702  
MIAMI, FL 33138

## Current Mailing Address:

11930 NORTGH BAYSHORE DR.  
#1103  
NORTH MIAMI, FL 33181

## New Mailing Address:

2000 TOWERSIDE TERRACE  
#702  
MIAMI, FL 33138

FEI Number: 01-0646681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAZER, RHODES  
11930 NORTGH BAYSHORE DR.  
#1103  
NORTH MIAMI, FL 33181 US

## Name and Address of New Registered Agent:

MAZER, RHODES  
2000 TOWERSIDE TERRACE  
#702  
MIAMI, FL 33138 US

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:

04/24/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAZER, RHODES  
Address: 11930 NORTH BAYSHORE DR. #1103  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D ( ) Delete  
Name: MAZER, MANON  
Address: 11930 NORTH BAYSHORE DR. #1103  
City-St-Zip: NORTH MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MAZER, RHODES  
Address: 2000 TOWERSIDE TERRACE #702  
City-St-Zip: MIAMI, FL 33138

Title: D (X) Change ( ) Addition  
Name: MAZER, MANON  
Address: 2000 TOWERSIDE TERRACE #702  
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RHODES MAZER

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date