

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000022162

Entity Name: MAZ PROFESSIONAL SERVICES, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

142 VILLA DI ESTE TERR
208
LAKE MARY, FL 32746

New Principal Place of Business:

5001 HAWKSTONE DRIVE
SANFORD, FL 32771

Current Mailing Address:

142 VILLA DI ESTE TERR
208
LAKE MARY, FL 32746

New Mailing Address:

5001 HAWKSTONE DRIVE
SANFORD, FL 32771

FEI Number: 59-3150786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZIARZ, ROBERT A
142 VILLA DI ESTE TERR
208
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

MAZIARZ, ROBERT A
5001 HAWKSTONE DRIVE
SANFORD, FL 32771 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:

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: MAZIARZ, ROBERT A
Address: 142 VILLA DI ESTE TERR
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: MAZIARZ, ROBERT A
Address: 142 VILLA DI ESTE TERR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: MAZIARZ, ROBERT A
Address: 5001 HAWKSTONE DRIVE
City-St-Zip: SANFORD, FL 32771

Title: T (X) Change () Addition
Name: MAZIARZ, ROBERT A
Address: 5001 HAWKSTONE DRIVE
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT MAZIARZ

DPVS

04/22/2005

Electronic Signature of Signing Officer or Director

Date