## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 04, 2004 8:00 am Secretary of State DOCUMENT # P02000101551 1. Entity Name 05-04-2004 90177 006 \*\*\*158.75 MAZEL HART ENTERPRISE, INC. Principal Place of Business Mailing Address 13468 SW 154 ST STE 2406 MIAMI FL 33177 13468 SW 154 ST STE 2406 14020790 **MIAMI FL 33177** 2. Principal Place of Business 3. Mailing Address 5 Ame Suite, Apt. #, etc CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 46-0515013 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASSE, ED Street Address (P.O. Box Number is Not Acceptable) 13448 SW 154 ST STE 2406 **MIAMI FL 33177** 8. The above named entity Aubithits 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESident (Change ☐ Addition TITLE ☐ Delete TITLE HArt, MAZEL HART, MAZEL NAME NAME 34485W1545t Ste 2406 NiAmi, FC 33177 13448 SW 154 ST STE 2406 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33177** CITY-ST-ZIP Registered agent Change TITLE Addition Jenni Fer E. PRendergast NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED**