SIGNATURE:

## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # P02000101551** 04-22-2005 90262 037 \*\*\*150.00 MAZEL HART ENTERPRISE, INC. Principal Place of Business Mailing Address 13468 SW 154 ST STE 2406 13468 SW 154 ST STE 2406 20040864 MIAMI, FL 33177 MIAMI, FL 33177 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 Chg-P CR2E034 (10/03) City & State City & State 4. EE! Number Applied For 46-0515013 Not Applicable Zip 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 Name PRENDERGAST, DELROY A Street Address (P.O. Box Number is Not Acceptable) 13448 SW 154 ST STE 2406 MIAMI, FL 33177 City Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE Change Addition HART, MAZEL NAME NAME STREET ADDRESS 13448 SW 154 ST STE 2406 STREET ADDRESS MIAMI, FL 33177 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition PRENDERGAST, JENNIFER E NAME NAME STREET ADDRESS 13448 SW 154TH ST STE 2406 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33177 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME PRENDERGAST, TAMIKA M #2406 NAME 13665-SW 156TH ST 13448 SW STREET ADDRESS STREET ADDRESS CITY-SI-ZIP MIAMI, FL 33177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-\$T-ZIP TITLE Delete TITLE ☐ Change ■ Addition 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachaepit with an address, with all other like empowered.

AME OF SIGNING OFFICER OR DIRECTOR

**FILED**