

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90442 016 \*\*\*150.00

**DOCUMENT # P02000106963**

1. Entity Name  
**MAZAL REALTY INC.**



Principal Place of Business  
**6701 NW 7TH STREET  
SUITE 156  
MIAMI, FL 33126**

Mailing Address  
**6701 NW 7TH STREET  
SUITE 156  
MIAMI, FL 33126**

**50016111**



2. Principal Place of Business  
**7861 NW 46th St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**7861 NW 46th St.**  
Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State  
**Doral FL**  
Zip  
**33166**  
Country  
**USA**

City & State  
**Doral FL**  
Zip  
**33166**  
Country  
**USA**

4. FEI Number  
**04-3717132**  
Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**AKERMAN, LARRY  
6701 NW 7TH STREET  
SUITE 156  
MIAMI, FL 33126**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable) **7861 NW 46th St.**  
City **Doral** FL Zip Code **33166**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P AKERMAN, BERNARDO**  
STREET ADDRESS **6701 NW 7TH ST**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete  
NAME **S AKERMAN, ABRAHAM**  
STREET ADDRESS **6701 NW 7TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete  
NAME **VP AKERMAN, LARRY**  
STREET ADDRESS **6701 NW 7TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete  
NAME **T AKERMAN, SAMMY**  
STREET ADDRESS **6701 NW 7TH ST.**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **P AKERMAN BERNARDO**  
STREET ADDRESS **7861 NW 46th St.**  
CITY-ST-ZIP **Doral FL. 33166**

TITLE ☒ Change ☐ Addition  
NAME **S AKERMAN ABRAHAM**  
STREET ADDRESS **7861 NW 46th St.**  
CITY-ST-ZIP **Doral FL. 33166**

TITLE ☒ Change ☐ Addition  
NAME **VP AKERMAN LARRY**  
STREET ADDRESS **7861 NW 46th St.**  
CITY-ST-ZIP **Doral FL. 33166**

TITLE ☒ Change ☐ Addition  
NAME **T AKERMAN SAMMY**  
STREET ADDRESS **7861 NW 46th St.**  
CITY-ST-ZIP **Doral FL. 33166**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: LARRY AKERMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**4/19/06 305-261-1156**