


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000107221
 1. Entity Name
 MAZZO'S INVESTMENTS, INC.



Principal Place of Business Mailing Address
 1836 NE 213TH LANE 1836 NE 213TH LANE
 N MIAMI BEACH, FL 33179 N MIAMI BEACH, FL 33179



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 54-2077884 Not Applicable

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

6. Name and Address of Current Registered Agent
 MAZZOLINO, GUS
 1836 NE 213TH LANE
 N MIAMI BEACH, FL 33179

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I, the above named entity, submit 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000152160
 05/04/04-80074-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAZZOLINO, GUS
STREET ADDRESS	1836 NE 213TH LANE
CITY - ST - ZIP	N MIAMI BEACH, FL 33179
TITLE	D
NAME	NASH, MAUREEN
STREET ADDRESS	1836 NE 213TH LANE
CITY - ST - ZIP	N MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: *M. Paul* *Maureen NASH* *4-22-04* *305-682-7011*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #