


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)
4. FEI Number: 54-2077884 Applied For: 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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

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	

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**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)(f), 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: *[Signature]* 4-27-05 305-705-9403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #