



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90035 014 ***150.00

DOCUMENT # P02000108506 1. Entity Name MAZIE JOHNSON, INC.					
Principal Place of Business 6580 NW 22 AVE. MIAMI FL 33174			Mailing Address 2425 N.W. 82 ST. MIAMI FL 33147		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 3046 N.W. 51 St. miami Fl. 33142 Suite, Apt. #, etc. City & State Zip		 MOORE CR2E034 (11/03)	
Country		Country		4. FEI Number 65-0760529 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, MAZIE 2252 NW 43 ST MIAMI FL 33142			7. Name and Address of New Registered Agent Name Mazie Johnson, Inc. Street Address (P.O. Box Number is Not Acceptable) 3046 N.W. 51 St. miami Fl. 33142 City FL Zip Code 33142		
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 <i>Mazie Johnson</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MAZIE 2252 NW 43 ST MIAMI FL 33142		TITLE NAME STREET ADDRESS CITY-ST-ZIP	mazie Johnson 3046 N.W. 51 St. miami Fl. 33142	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Mazie Johnson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					