2004 FOR PROFIT CORPORATION
ANNUAL REPORT.

DOCUMENT # P02000121751

1. Entity Name
MAZE CONSULTING, INC.

Principal Place of Business	Mailing Address
6150 SW 85TH STREET MIAMI, FL 33143	6150 SW 85TH STREET MIAMI, FL 33143

07092004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
47-0898852	Not Applicable

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

6. **Name and Address of Current Registered Agent**

MAZE, CANDICE L
6150 SW 85TH STREET
MIAMI, FL 33143

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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 $550.00
Due by September 8, 2004

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

10.	OFFICERS AND DIRECTORS	
TITLE	PT	
NAME	MAZE, CANDICE L	
STREET ADDRESS	6150 SW 85TH STREET	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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07/15/04-80003-021 550.00

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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: _____   7/9/04   305-668.7823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #