

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/23

FILED
Mar 09, 2004 8:00 am
Secretary of State

02-23-2004 90052 003 ***150.00

DOCUMENT # P03000050203 1. Entity Name MLZ MASONRY INC.					
Principal Place of Business 695 NEIL ROAD WEST PALM BEACH FL 33415			Mailing Address 695 NEIL ROAD WEST PALM BEACH FL 33415		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3162037 ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent ZAVAIA, MARIA L → ZAVALA, MARIA L 695 NEIL ROAD WEST PALM BEACH FL 33415	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____				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)					
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. ☐ \$5.00 May Be Added to Fees		
10. PRESIDENT OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: ☒ ZAVALA, MARIA L ☐ Delete NAME: 695 Neil Rd STREET ADDRESS: West Palm Beach FL 33415 CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:		
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:		
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:		TITLE: ☐ Change ☐ Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:		
TITLE: ☐ Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP:	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 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: <u>Maria L Zavala</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>2-16-04</u> Daytime Phone: <u>561-712-8512</u>		