
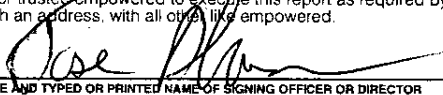


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90002 035 ***150.00

DOCUMENT # P03000092520 1. Entity Name MAZAL TOV LOCK, INC.			
Principal Place of Business 3610 YACHT CLUB DR 516 AVENTURA, FL 33180 US		Mailing Address 3610 YACHT CLUB DR 516 AVENTURA, FL 33180 US	
2. Principal Place of Business 2525 N. STATE RD 7 Suite, Apt. #, etc. # 115		3. Mailing Address 2525 N. STATE RD 7 Suite, Apt. #, etc. # 115	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33021		Zip 33021	
4. FEI Number		Applied For <input checked="" 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 ALFON, JOSE 3610 YACHT CLUB DR 516 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name ALFON, JOSE Street Address (P.O. Box Number is Not Acceptable) 2525 N. STATE RD 7 # 115 City HOLLYWOOD FL Zip Code 33021	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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 P NAME ALFON, JOSE STREET ADDRESS 3610 YACHT CLUB DR # 516 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ALFON, RUTH CAROL STREET ADDRESS 3610 YACHT CLUB DR # 516 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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
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: 		Date 5/14/04 Daytime Phone # _____	

54055309



05192004 Chg-P CR2E034 (10/03)