


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90149 033 \*\*\*150.00

<b>DOCUMENT # P04000073032</b> 1. Entity Name <b>MAMARAZZI, INC.</b>					
Principal Place of Business <b>7641 S. DIXIE HWY. WEST PALM BEACH, FL 33405</b>			Mailing Address <b>7641 S. DIXIE HWY. WEST PALM BEACH, FL 33405 US</b>		
2. Principal Place of Business <b>805 N. Lakeside Dr.</b>		3. Mailing Address <b>805 N. Lakeside Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Lake Worth FL</b>		City & State <b>Lake Worth FL</b>		4. FEI Number <b>20-1088142</b>	
Zip <b>33460</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired - <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SQUIRE, SUZANNE 7641 S. DIXIE HWY WEST PALM BEACH, FL 33405</b>			7. Name and Address of New Registered Agent Name <b>Suzanne Squire</b> Street Address (P.O. Box Number is Not Acceptable) <b>805 N. Lakeside Dr.</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33460</b>		
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 <u><i>Suzanne Squire President</i></u> DATE <u>4.4.05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: <u><i>Suzanne Squire President</i></u>			DATE: <u>4.4.05</u> DAYTIME PHONE: <u>1.561.282.7862</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE DAYTIME PHONE</small>		