

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90147 043 ***158.75

DOCUMENT # P04000104809	
1. Entity Name MITZI MANAGEMENT, INC.	



Principal Place of Business P.O. BOX #210847 ROYAL PALM BEACH, FL 33421 US	Mailing Address P.O. BOX #210847 ROYAL PALM BEACH, FL 33421 US
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40000401

2. Principal Place of Business 11066 54th St N Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State West Palm Beach, FL	City & State
Zip 33411	Country US



02142005 Chg-P CR2E034 (10/03)

4. FEI Number 36-4557669	Applied For Not Applicable
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5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAXWELL, RICHARD 11066 54TH STREET WEST PALM BEACH, FL 33411	7. Name and Address of New Registered Agent Name: Miriam Maxwell Street Address (P.O. Box Number is Not Acceptable): 11066 54th St. N City: West Palm Beach FL Zip Code: 33411
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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: <u>Miriam Maxwell</u> Signature, typed or printed name of registered agent and title if applicable.	Miriam Maxwell, Pres. 2/28/05 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAXWELL, MIRIAM 11066 54TH STREET NORTH WEST PALM BEACH, FL 33411 <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)(j), 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>Miriam Maxwell, Pres.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3/2/05 (561) 990-4109 Date Daytime Phone #