


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2005 8:00 am
Secretary of State

05-04-2005 90144 042 ***150.00

DOCUMENT # P04000115767			
1. Entity Name MAZELAND INVESTMENT, CORP.			
Principal Place of Business 3366 WEST 80 STREET NO 101 HIALEAH FL 33018		Mailing Address 3366 WEST 80 STREET NO 101 HIALEAH FL 33018	
2. Principal Place of Business 5028 KENNEL DRIVE		3. Mailing Address 5028 KENNEL DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Port, Florida		City & State North Port, Florida	
Zip 34288	Country EE.UU.	Zip 34288	Country EE.UU.
4. FEI Number 20-2922331		<input checked="" type="checkbox"/> Applied For <input 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 FAURA, MARIA K 3366 WEST 80 STREET NO 101 HIALEAH FL 33018		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 M. FAURA		DATE 4/25/05	
Signatures, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	DPST FAURA, MARIA K 3366 WEST 80 STREET NO 101 HIALEAH FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5028 KENNEL DRIVE North Port, FL 34288 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: M. FAURA - MARIA FAURA		Date 4/25/05 (941) 426-6703	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	