

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State


DOCUMENT # P05000028881
 1. Entity Name
 M.Z. PROFESSIONAL SERVICES, INC.



Principal Place of Business
 690 NE 50TH TERRACE
 MIAMI, FL 33137

Mailing Address
 690 NE 50TH TERRACE
 MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE



03172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2401929	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN
 ONE SE 3RD AVE
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUNJWANI, SOHAIL 690 NE 50TH TERRACE MIAMI, FL 33137
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 05/03/08-80058-024-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **05/01/2008**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #