

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000128703

1. Entity Name
MAZA & SONS CORP



Principal Place of Business
**94825 OVERSEAS HWY
LOT 6
KEY LARGO, FL 33037**

Mailing Address
**94825 OVERSEAS HWY
LOT 6
KEY LARGO, FL 33037**



03162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3498610

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAZA, CLEMENTE
94825 OVERSEAS HWY
LOT 6
KEY LARGO, FL 33037**

**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) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U000000674120
03/29/07-80057-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MAZA, CLEMENTE**
STREET ADDRESS **94825 OVERSEAS HWY LOT 6**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **V**
NAME **MAZA, LISVAN**
STREET ADDRESS **94825 OVERSEAS HWY LOT 6**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **S**
NAME **MAZA, LIAN**
STREET ADDRESS **94825 OVERSEAS HWY LOT 6**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLEMENTE MAZA

MARCH 16, 2007 305-394-5087
Date Daytime Phone #