


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 27, 2007 8:00 am
Secretary of State

07-24-2007 90040 019 ***150.00

DOCUMENT # P06000086899 1. Entity Name MAZEL INC					
Principal Place of Business 6129 N W 1ST STREET MARGATE, FL 33063			Mailing Address 6129 N W 1ST STREET MARGATE, FL 33063		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			4. FEI Number 20-518935 Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent GREENE, ETHEL 6129 N W 1ST STREET MARGATE, FL 33063			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: <u><i>Ethel Greene</i></u> DATE: <u>7/17/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing))</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		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	P GREENE, ETHEL 6129 N W 1ST STREET MARGATE, FL 33063 <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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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: <u><i>Ethel Greene</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>7/17/07</u> <small>Date</small>		

66021465



07162007 Chg-P CR2E034 (12/06)

ATTACHMENT

66021465
#P06000086899

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2007.

THE ORIGINAL POSTCARD WAS NEVER RECEIVED IN JANUARY, 2007 FOR THE YEAR 2007. PLEASE ACCEPT THE PAYMENT OF \$ 150.00 IN PAYMENT OF THE ANNUAL REPORT FEE.

THE FIRST NOTIFICATION WAS WITH THE CARD STATING AN INTENT TO DISSOLVE.

YOURS TRULY

