2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106987

Entity Name: MITZIL, INC.

FILED Mar 01, 2009 Secretary of State

Our circ	Principal Place of Business:	New Principal Place of Business:
	SUWANNEE AVENUE RD, FL 32008 US	903 NORTH SUWANNEE AVENUE BRANFORD, FL 32008 US
Current N	Mailing Address:	New Mailing Address:
	BUCKHEAD WAY HITE, FL 32038 US	
FEI Numbe	r: 20-5381797 FEI Number Applied Fo	r() FEI Number Not Applicable () Certificate of Status Desired ()
Name an	d Address of Current Registered Ag	gent: Name and Address of New Registered Agent:
129 S.Ŵ.	IMOTHY G BUCKHEAD WAY HITE, FL 32038 US	
The above	e named entity submits this statement	for the number of changing its registered office or registered agent, or both
in the Stat	te of Florida.	for the purpose of changing its registered office or registered agent, or both
in the Stat SIGNATU	te of Florida.	for the purpose of changing its registered office of registered agent, or both
	te of Florida.	
SIGNATU	te of Florida. Í JRE:	ered Agent Date
SIGNATU	te of Florida. JRE: Electronic Signature of Registe	ered Agent Date
SIGNATU	te of Florida. JRE: Electronic Signature of Registe ampaign Financing Trust Fund Contribution RS AND DIRECTORS: PSTD () Delete VERDI, TIMOTHY G 129 S.W. BUCKHEAD WAY	ered Agent Date ().
SIGNATU Election Ca OFFICER Title: Name: Address:	te of Florida. JRE: Electronic Signature of Registe ampaign Financing Trust Fund Contribution RS AND DIRECTORS: PSTD () Delete VERDI, TIMOTHY G 129 S.W. BUCKHEAD WAY FORT WHITE, FL 32038 US D () Delete VERDI, VELMA E 129 S.W. BUCKHEAD WAY	ered Agent Date (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY G VERDI PSTD 03/01/2009