

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

04-02-2008 90026 025 ***150.00

DOCUMENT # P07000043308 1. Entity Name MBAZ CORPORATION			
Principal Place of Business 12062 SW 117 CT MIAMI, FL 33186		Mailing Address 12062 SW 117 CT MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 18754 SW 76 CT Suite, Apt. #, etc.		3. Mailing Address 18754 SW 76 CT Suite, Apt. #, etc.	
City & State Cutler Bay, FL Zip 33157 Country USA		City & State Cutler Bay, FL Zip 33157 Country USA	
4. FEI Number 26-0158018		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03182008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SILVA, JUAN 12062 SW 117 CT MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 P NAME SILVA, JUAN STREET ADDRESS 12062 SW 117 CT CITY - ST - ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SILVA, MARTHA STREET ADDRESS 12062 SW 117 CT CITY - ST - ZIP MIAMI, FL 33186	<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:		03-25-08 305 989-2462	
<small>SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	