

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000021116

Entity Name: M.Z.D. CONSULTING INC.

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1055 BELLA VISTA AVE  
CORAL GABLES, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

1055 BELLA VISTA AVE  
CORAL GABLES, FL 33156 US

**New Mailing Address:**

FEI Number: 65-0404397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKRLD INC.  
201 ALHAMBRA CIR  
SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: DOMINGUEZ, MAITE Z  
Address: 1055 BELLA VISTA AVE  
City-St-Zip: CORAL GABLES, FL 33156

Title: VDP  
Name: DOMINGUEZ, MANUEL G  
Address: 1055 BELLA VISTA AVE  
City-St-Zip: CORAL GABLES, FL 33156

I hereby 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 all other like empowered.

SIGNATURE: MAITE ZARRAGA DOMINGUEZ

DPS

03/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date