2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000040869

US

1. Entity Name

A. MANDZIAK CO., INC.





FILED Jan 09, 2006 08:00 AM Secretary of State

Principal Place of Business

710 S OCEAN BLVD POMPANO BEACH, FL 33062 Mailing Address 710 S OCEAN I

DO NOT WRITE IN THIS SPACE

710 S OCEAN BLVD POMPANO BEACH, FL 33062

US



01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3185816

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANDZIAK, ANDRZEJI 710 SOUTH OCEAN BLVD. POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

			114	THE GIAGE
	named entity submits this statement for the pitions of registered agent.	ourpose of changing its registered office of	r registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable (NOTE Registered Agent signs	ture required when reinstating)	DATE
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS AND DIRECT P MANDZIAK, ANDRZEJ 710 SOUTH OCEAN BLVD POMPANO BEACH, FL 33062	CTORS		U00000379172 01/10/06-80010-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE THIS SPACE
TITLE		1		

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 pupplemental 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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