


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000052320</b> 1. Entity Name M.M.Z., INC.	
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Principal Place of Business 1 EAST BROWARD BLVD SUITE 700 FORT LAUDERDALE, FL 33301 US	Mailing Address PO BOX 14186 FT LAUDERDALE, FL 33302 US
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03252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0603366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ZBAR, MURIEL 1 EAST BROWARD BLVD SUITE 700 FORT LAUDERDALE, FL 33301
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**DO NOT WRITE  
IN THIS SPACE**

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>Muriel Zbar</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>SAME AS ABOVE</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>03/25/2008</u> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000871516 04/09/08 00133-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ZBAR, MURIEL PO BOX 14186 FT LAUDERDALE, FL 33302
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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>Muriel Zbar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>03/25/2008</u> <small>Date</small>	 <small>Daytime Phone #</small>