


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000014073</b>	
<b>1. Entity Name</b> MBZ SERVICES CONSULTING CORPORATION	

<b>Principal Place of Business</b> 7536 W 4TH LANE HIALEAH, FL 33014	<b>Mailing Address</b> 7536 W 4TH LANE HIALEAH, FL 33014
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02172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-0814419	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  ZAHLENE, MIGUEL ANGEL 7536 W 4TH LANE HIALEAH, FL 33014	<b>DO NOT WRITE IN THIS SPACE</b>

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	1000000237123 02/21/05-80045-007 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP ZAHLENE, MIGUEL ANGEL 7536 W 4TH LANE HIALEAH, FL 33014
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVST ZAHLENE, BEATRIZ C 7536 W 4TH LANE HIALEAH, FL 33014
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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Beatriz C. Zahlene** 2-17-05 (305) 557-9635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #