2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000107256

1. Entity Name
MIZAR, INC.

Principal Place of Business	Mailing Address
2641 NE 3RD ST POMPANO BEACH, FL 33062	2641 NE 3RD ST POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

04042006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0904889	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOMENT, NORMAN JOSEPH
2641 NE 3RD ST
POMPANO BEACH, FL 33062

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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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	MOMENT, NORMAN J
STREET ADDRESS	2641 NE 3RD STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33062

TITLE	D
NAME	MOMENT, STU
STREET ADDRESS	1786 AERO PLACE
CITY-ST-ZIP	URBANA, IL 61802

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/24/06-80003-004 150.00

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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: *Norman J. Moment*   Norman J. Moment   4-3-06   954-783-8702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #