


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90182 045 ***150.00

DOCUMENT # P99000046939 1. Entity Name MASSAE K. MIZUKI, P.A.			
Principal Place of Business 12722 NW 16TH CT. CORAL SPRINGS, FL 33071		Mailing Address 12722 NW 16TH CT. CORAL SPRINGS, FL 33071	
2. Principal Place of Business 511 SE 5TH AVE Suite, Apt. #, etc. APT 1112		3. Mailing Address 511 SE 5TH AVE Suite, Apt. #, etc. APT 1112	
City & State FT. LAUDERDALE, FL Zip 33301		City & State FT. LAUDERDALE, FL Zip 33301	
4. FEI Number 65-0922655		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 MIZUKI, MASSAE K 12722 NW 16TH CT. CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 511 SE 5TH AVE APT 1112 City FT. LAUDERDALE FL Zip Code 33301	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME: STREET ADDRESS CITY - ST - ZIP	D MIZUKI, MASSAE K <input type="checkbox"/> Delete 12722 NW 16TH CT. CORAL SPRINGS, FL 33071	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 511 SE 5TH AVE APT 1112 FT. LAUDERDALE, FL 33301
TITLE NAME: STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME: STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X [Signature] 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #