


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000089300 1. Entity Name MAZAL, CORP. |  |
|---|---|

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|--|--|
| Principal Place of Business 3300 NE 191ST STREET, #1707 AVENTURA, FL 33180 | Mailing Address 3300 NE 191ST STREET, #1707 AVENTURA, FL 33180 |
|--|--|

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 65-0955385 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**WINER, JACKY
3300 NE 191ST STREET, #1707
AVENTURA, FL 33180**

**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WINER, JACKY 3300 NE 191ST STREET, #1707 AVENTURA, FL 33180 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DONSKOY, ANA 3300 NE 191ST STREET, #1707 AVENTURA, FL 33180 |
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05/05/05-80046-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 305-331-3762
Date Daytime Phone #