## 2005 FOR PROFIT CORPORATION

## FILED Feb 14, 2005 08:00 AM Secretary of State **ANNUAL REPORT BOCUMENT # S29430** 1. Entity Name M.Z. MACHINE, INC. Principal Place of Business Mailing Address 3046 JUPITER PARK CIR 3046 JUPITER PARK CIR JUPITER, FL 33458 JUPITER, FL 33458 01192005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0241762 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZOLA, LINDA DO NOT WRITE 17715 BRIDLE COURT JUPITER, FL 33478 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 Signature, lyped or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE ZOLA, MARIO NAME 17715 BRIDLE COURT 1/00000228551 STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33478 02/14/05-80042-017 150.00 VP TITLE ZOLA, LINDA NAME STREET ADDRESS 17715 BRIDLE COURT JUPITER, FL 33478 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplymental 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 attachmen

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2110105

Daytime Phone #