

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90226 040 ***150.00

DOCUMENT # V28639

1. Entity Name
MAZOR'S ENTERPRISES, INC.



Principal Place of Business
**7957 NW 54TH ST.
MIAMI, FL 33166 US**

Mailing Address
**7957 NW 54TH ST.
MIAMI, FL 33166 US**

50020161



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0343842

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MAZOR, DAVID
7957 NW 54TH ST.
MIAMI, FL 33166**

**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

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, 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 PD
NAME MAZOR, MIRIAM
STREET ADDRESS 9980 S.W. 130RD STREET 21050 Point PL #1502
CITY-ST-ZIP MIAMI, FL 33167 AVENTURA, FL 33180

TITLE STD
NAME MAZOR, DAVID
STREET ADDRESS 9980 S.W. 130RD STREET 21050 Point PL #1502
CITY-ST-ZIP MIAMI, FL 33167 AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(i), 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

DAVID MAZOR

Date

1/17/05

Daytime Phone #

305-471-0213