


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90209 015 ***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

60001162



2. Principal Place of Business - No P.O. Box #
7957 NW 54 ST.

3. Mailing Address
7957 NW 54 ST.

Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State
DORAL, FL

City & State
DORAL, FL

Zip
33166 Country
USA

Zip
33166 Country
USA

4. FEI Number
65-0343842

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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


7. Name and Address of New Registered Agent

Name
MAZOR, DAVID

Street Address (P.O. Box Number is Not Acceptable)
7957 NW 54 ST.

City
DORAL FL Zip Code
33166

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:  **DAVID MAZOR, PRES.** **1/14/07**

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, 2007 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	<input type="checkbox"/> Delete
PD	MAZOR, DAVID	21050 POINT PL #1502	AVENTURA, FL 33180	<input type="checkbox"/>
STD	MAZOR, DAVID	21050 POINT PL #1502	AVENTURA, FL 33180	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PTSD	MAZOR, DAVID	7957 NW 54 ST	DORAL, FL 33166	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **DAVID MAZOR, PRES.** **1/14/07** **305-471-0013**

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