

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-16-2007 90209 015 \*\*\*150.00

<b>DOCUMENT # V28639</b>	
1. Entity Name <b>MAZOR'S ENTERPRISES, INC.</b>	



Principal Place of Business <b>7957 NW 54TH ST. MIAMI, FL 33166 US</b>	Mailing Address <b>7957 NW 54TH ST. MIAMI, FL 33166 US</b>
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**60001162**



2. Principal Place of Business - No P.O. Box # <b>7957 NW 54 ST.</b>	3. Mailing Address <b>7957 NW 54 ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State <b>DORAL, FL</b>	City & State <b>DORAL, FL</b>
Zip <b>33166</b>	Country <b>USA</b>

4. FEI Number <b>65-0343842</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MAZOR, DAVID 7957 NW 54TH ST. MIAMI, FL 33166</b>	
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7. Name and Address of New Registered Agent	
Name <b>MAZOR, DAVID</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7957 NW 54 ST.</b>	
City <b>DORAL</b>	FL Zip Code <b>33166</b>

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	<b>DAVID MAZOR, PRES.</b> <b>1/14/07</b>

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAZOR, DAVID 21050 POINT PL #1502 AVENTURA, FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAZOR, DAVID 21050 POINT PL #1502 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MAZOR, DAVID 7957 NW 54 ST DORAL, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.	
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SIGNATURE	<b>DAVID MAZOR, PRES.</b> <b>1/14/07</b> <b>305-471-0013</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #