

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # V53050

1. Entity Name
MAZZOLA'S RESTAURANT, INC.



Principal Place of Business
**9157 TAFT STREET
PEMBROKE PINES, FL 33024**

Mailing Address
**9157 TAFT STREET
PEMBROKE PINES, FL 33024**



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0350193

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAZZOLA, GIUSEPPE
9157 TAFT STREET
PEMBROKE PINES, FL 33024**

**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

**1100000287606
04/04/05-80077-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAZZOLA, GIUSEPPE 9157 TAFT STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAZZOLA, MARGARET 9157 TAFT STREET PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZOLA, MARIANNE 9157 TAFT STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZOLA, JOSEPH 9157 TAFT STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZZOLA, ANTHONY 9157 TAFT STREET PEMBROKE PINES, FL 33024
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)(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: *Giuseppe Mazzola* **GIUSEPPE MAZZOLA** **PR**

4-10-05 **854 436 1070**

Date

Daytime Phone #