

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000075346

Entity Name: MAZAL SOLUTIONS CORP

Current Principal Place of Business:

1929 SOUTH OAK HAVEN CIRCLE
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

1929 SOUTH OAK HAVEN CIRCLE
NORTH MIAMI BEACH, FL 33179

FEI Number: 46-0989052

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEINVORTZ, ISAAC
1929 SOUTH OAK HAVEN CIRCLE
NORTH MIAMI BEACH, FL 33179 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PT
Name STEINVORTZ, ISAAC
Address 1929 SOUTH OAK HAVEN CIRCLE
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title VPS
Name ESQUENAZI, LUCY
Address 1929 SOUTH OAK HAVEN CIRCLE
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title VP
Name STEINVORTZ, KATHERINE
Address 1929 SOUTH OAK HAVEN CIRCLE
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title VP
Name STEINVORTZ, SALOMON
Address 1929 SOUTH OAK HAVEN CIRCLE
City-State-Zip: NORTH MIAMI BEACH FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ISAAC STEINVORTZ

PT

03/14/2015

Electronic Signature of Signing Officer/Director Detail

Date