

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30175

Entity Name: MIZE CPAS INC.**Current Principal Place of Business:**534 S. KANSAS AVE.,
SUITE 700
TOPEKA, KS 66603**Current Mailing Address:**534 S. KANSAS AVE.,
SUITE 700
TOPEKA, KS 66603 US**FEI Number:** 48-0882363**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RACHLIN & COHEN, CPA'S
ATTN: RICHARD DRATH
1320 S DIXIE HWY, PENTHOUSE
CORAL GABLES, FL 33146 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 PRESIDENT
Name HILBERT, JAMES
Address 534 S. KANSAS AVE.,
 SUITE 700
City-State-Zip: TOPEKA KS 66603

Title VP
Name PHILLIPS, BRYAN
Address 534 S. KANSAS AVE.,
 SUITE 700
City-State-Zip: TOPEKA KS 66603

Title VP
Name CASALE, CAROL
Address 534 S. KANSAS AVE.,
 SUITE 700
City-State-Zip: TOPEKA KS 66603

Title VP
Name CURTIS, BRET
Address 534 S. KANSAS AVE.,
 SUITE 700
City-State-Zip: TOPEKA KS 66603

Title VP
Name PELTON, KEVIN
Address 534 S. KANSAS AVE.,
 SUITE 700
City-State-Zip: TOPEKA KS 66603

Title TREASURER
Name SPIKES, ANDREW
Address 534 S. KANSAS AVE.,
 SUITE 700
City-State-Zip: TOPEKA KS 66603

Title SECRETARY
Name RILL, BRENT
Address 534 S. KANSAS AVE.,
 SUITE 700
City-State-Zip: TOPEKA KS 66603

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: ANDREW SPIKES**TREASURER****03/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date