


2005 FOR PROFIT CORPORATE ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # G62002
 1. Entity Name
 AZA VENTURES, INC.



Principal Place of Business: 4205 WEST ATLANTIC AVE, STE 201, DELRAY BEACH, FL 33445 US
 Mailing Address: 4205 WEST ATLANTIC AVE, STE 201, DELRAY BEACH, FL 33445 US

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)
 4. FEI Number: 59-2317530 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SUTTIN, EUGENE N
 4205 WEST ATLANTIC AVE
 STE 201
 DELRAY BEACH, FL 33445

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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PASD SUTTIN, EUGENE N 4205 WEST ATLANTIC AVE #201 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SUTTIN, BONNIE 4205 WEST ATLANTIC AVE #201 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1000000327556
 04/25/05-80043-010 150.00
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: Eugene N. Suttin Date: 4/21/05 Daytime Phone #: 561-496-7899