

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 10 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2834230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DOCUMENT # J80156
1. Entity Name
AZZERTS CORPORATION



Principal Place of Business 39 EAST 78TH STREET SUITE 603 NEW YORK, NY 10021	Mailing Address % BRUCE M. GOTTLIEB 125 N 46 AVENUE HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M
125 N 46 AVENUE
HOLLYWOOD, FL 33021

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

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TREZZA, JAMES F 3041 N 35 STREET HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOLDAS, DANIELLE 2614 CLEMATIS PLACE FORT LAUDERDALE, FL 33301
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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.

SIGNATURE: Bruce M. Gottlieb Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 954 966 79 00 Daytime Phone #