


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000029736  
 1. Entity Name  
**AZERTY COMPONENTS, INC.**



Principal Place of Business      Mailing Address  
**3601 SWANN AVE., #206**      **3601 SWANN AVE., #206**  
**TAMPA, FL 33609**                      **TAMPA, FL 33609**



04102006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3649306</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PEREZ, FERNANDO III**  
**101 E. KENNEDY BLVD.**  
**TAMPA, FL 33602**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

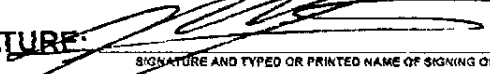
9. Election Campaign Financing Trust Fund Contribution        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAUFILLS, MICHEL 8, RUE DU FRONT POPULAIRE RIS-ORANGIS FRANCE, 91130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOINEAU, PHILLIPE 8, RUE DU FRONT POPULAIRE RIS-ORANGIS FRANCE, 91130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JADOT, SEBASTIEN 3601 SWANN AVE #206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JADOT, JEAN-CLAUDE PLACE 38, PETIT ENGHEN BELGIUM, BL & B5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLIN, JEAN MICHEL 8, RUE DU FRONT POPULAIRE RIS-ORANGIS FRANCE, 91130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUSOT, BRUNO 8, RUE DU FRONT POPULAIRE RIS-ORANGIS FRANCE, 91130

U00000506398  
 04/27/06-80020-013 150.00

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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:  **S. JADOT**      4-10-2006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #