2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # P03000149924** 03-22-2004 90069 036 ***150.00 1. Entity Name AZURE CIRCLES, INC. Principal Place of Business Mailing Address 961 LAKE WYMAN ROAD BOCA RATON FL 33431 961 LAKE WYMAN ROAD BOCA RATON FL 33431 66409609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FALBO, JANET L Street Address (P.O. Box Number is Not Acceptable) ---961 LAKE WYMAN ROAD **BOCA RATON FL 33431** City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΠLE Delete TITLE Change ■ Addition FALBO, JANET L NAME STREET ADDRESS 961 LAKE WYMAN ROAD STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP CITY - ST- 7IP Delete Change TITLE □ Addition NAME UNDERDOWN, WILL NAME 961 LAKE WYMAN ROAD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-Change TITLE ☐ Delete □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Oelete TITLE Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NULT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental seport 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 propured by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with applications, withall otherwise empowered.

FILED