2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000048409

Entity Name: AZZI ENTERPRISES, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2455 SE BONITA ST STUART, FL 34997

Current Mailing Address: New Mailing Address:

2455 SE BONITA ST STUART, FL 34997

FEI Number: 65-0777550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AZZI, PIERRE 2455 SE BONITA ST STUART, FL 34997

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

Election Campaign Financing Trust Fund Contribution ().

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PT (X) Change () Addition
Name: AZZI, PIERRE Name: AZZI, NIDAL E

 Address:
 2455 SE BONITA ST
 Address:
 2455 SE BONITA ST

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 STUART, FL 34997

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 AZZI, GEORGE
 Name:
 AZZI, GEORGE E

 Address:
 10233 SE LENNARD ROAD
 Address:
 2455 SE BONITA ST

 City-St-Zip:
 PORT ST LUCIE, FL 34952
 City-St-Zip:
 STUART, FL 34997

Title: T () Delete Title: M (X) Change () Addition

 Name:
 AZZI, NIDAL
 Name:
 AZZI, PIERRE E

 Address:
 2455 SE BONITA ST
 Address:
 2455 SE BONITA ST

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 STUART, FL 34997

Title: S () Delete Title: S (X) Change () Addition

 Name:
 AZZI, MAROÙN
 Name:
 AZZI, MAROÙN E

 Address:
 2455 SE BONITA ST
 Address:
 2455 SE BONITA ST

 City-St-Zip:
 STUART, FL 34997
 City-St-Zip:
 STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NIDAL AZZI PT 01/04/2005