

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000098008

Entity Name: AZUL PROPERTY, INC.**Current Principal Place of Business:**2000 PONCE DE LEON BLVD., SUITE 617
CORAL GABLES, FL 33134**Current Mailing Address:**2000 PONCE DE LEON BLVD., SUITE 617
CORAL GABLES, FL 33134**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARBOSA, JULIO CESQ.
2000 PONCE DE LEON BLVD., SUITE 625
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	DPT
Name	NOGUEIRA DE SA, MARCOS
Address	2000 PONCE DE LEON BLVD., SUITE 617
City-State-Zip:	CORAL GABLES FL 33134

Title	D/VP
Name	VERGA NOGUEIRA DE SA, OLGA MARIA
Address	2000 PONCE DE LEON BLVD., SUITE 617
City-State-Zip:	CORAL GABLES FL 33134

Title	D/S
Name	VERGA DE SA, OLGA MARIA
Address	2000 PONCE DE LEON BLVD., SUITE 617
City-State-Zip:	CORAL GABLES FL 33134

I hereby 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 all other like empowered.

SIGNATURE: MARCOS NOGUEIRA DE SA

DPT

03/26/2013

Electronic Signature of Signing Officer/Director Detail_____
Date