


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 012 ***550.00

DOCUMENT # F04000006707

1. Entity Name
AZIS ENTERPRISES, LTD. CORP.



Principal Place of Business Mailing Address

16711 COLLINS AVE., #505 **16711 COLLINS AVE., #505**
SUNNY ISLES BEACH, FL 33160 **SUNNY ISLES BEACH, FL 33160**

50025839



2. Principal Place of Business 16711 COLLINS AVE.		3. Mailing Address 16711 COLLINS AVE.	
Suite, Apt. #, etc. # 1903		Suite, Apt. #, etc. # 1903	
City & State SUNNY ISLES BEACH, FL		City & State SUNNY ISLES BEACH, FL	
Zip 33160	Country	Zip 33160	Country

08142006 Chg-P CR2E034 (11/05)

4. FEI Number 13-3625692		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SHAKHOV, ILYA 16711 COLLINS AVE., #505 SUNNY ISLES BEACH, FL 33160		Name SHAKHOV ILYA Street Address (P.O. Box Number is Not Acceptable) 16711 COLLINS AVENUE # 1903 City SUNNY ISLES BEACH FL Zip Code 33160

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: *Ilia Shakhov* DATE: 8-14-06

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

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHAKHOV, ILYA 16711 COLLINS AVE., #505 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16711 COLLINS AVE. # 1903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC SHAKHOV, ZHANNA 16711 COLLINS AVE., #505 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16711 COLLINS AVE. # 1903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAKHOV, ZHANNA 16711 COLLINS AVE., #505 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16711 COLLINS AVE. # 1903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ilia Shakhov* DATE: 8-14-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #