2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPHO OFFICER OR

Apr 27, 2005 08:00 AM DOCUMENT # F45170 **Secretary of State** 1. Entity Name AZAR'S SEWING CENTER, INC. Mailing Address Principal Place of Business 2725 S STATE RD 7 HOLLYWOOD FL 33023 2725 S STATE RD 7 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2237320 Not Applicable Zip Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AZAR, GREGORY P. Street Address (P.O. Box Number is Not Acceptable) 2725 S STATE RD 7 HOLLYWOOD FL 33023 Zip Code City 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 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete THEF Change ☐ Addition TITLE NAME AZAR, GREGORY P. NAME U00000335540 STREET ADDRESS STREET ADDRESS 2725 S STATE ROAD 7 04/27/05-80086-023 150.00 CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP Change ☐ Addition TS ☐ Delete TITLE TITLE AZAR, GREGORY P. NAM NAME STREET ADDRESS 2725 S STATE ROAD 7 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CHY-ST-ZP Delete HDA Change ☐ Addition THTLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete DILE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY ST-ZIP Change ☐ Addition ☐ Delete HILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-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 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

FILED

Date