


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000006054	
1. Entity Name AZX INTERNATIONAL CORPORATION	

Principal Place of Business 5901 WARNER AVE., SUITE 78 HUNTINGTON BEACH, CA 92649-4697	Mailing Address 5901 WARNER AVE., SUITE 78 PMB 78 HUNTINGTON BEACH, CA 92649-4697
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02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0351570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000079273 03/08/04-80060-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSVC LEE, WILL 424 GOLDEN WEST STREET HUNTINGTON BEACH, CA 92648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REED, LOY 20450 LONGBAY DR YORBA LINDA, CA 92887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, DAVE 6118 BLACKTHORNE DR LAKEWOOD, CA 90712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Loy H. Reed</i>	<i>3/2/04</i>	<i>714 969-2323</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>