

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 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



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number

33-0351570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE VSVC
NAME LEE, WILL
STREET ADDRESS 424 GOLDEN WEST STREET
CITY-ST-ZIP HUNTINGTON BEACH, CA 92648

TITLE TD
NAME REED, LOY
STREET ADDRESS 20450 LONGBAY DR
CITY-ST-ZIP YORBA LINDA, CA 92887

TITLE D
NAME THORPE, DAVE
STREET ADDRESS 6118 BLACKTHORNE DR
CITY-ST-ZIP LAKEWOOD, CA 90712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000364486
05/06/05-80044-024 150.00

**DO NOT WRITE
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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-02-05 714 969-2323