## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G57471

FILED Jun 04, 2009 Secretary of State

Entity Name: AZORIN & ASSOCIATES CONSULTANTS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ACDILL #107 FL 33629 US	3		
Current Mailing Address:		New Mailing Address:		
	MA CIRCLE FL 33606 US	<b>:</b>		
El Number	r: 59-2338529	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
ZORIN, I 2 BAHAN	VIA CIR			
AMPA, F	FL 33606 US	,		
he above			purpose of changing its registere	ed office or registered agent, or both,
he above	e named entity s e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
he above the Stat	e named entity s e of Florida. RE: Electron	submits this statement for the ic Signature of Registered Ag	ent	ed office or registered agent, or both,
he above the Stat IGNATU	e named entity se of Florida.  RE: Electron  nce with s. 607.193	submits this statement for the	ent	
he above the Stat IGNATU accordar lection Ca	e named entity se of Florida.  RE: Electron  nce with s. 607.193	submits this statement for the ic Signature of Registered Ag 8(2)(b), F.S., the corporation did not roust fund Contribution ( ).	ent ot receive the prior notice.	
he above the Stat IGNATU accordar lection Ca	e named entity see of Florida.  RE: Electron nce with s. 607.193 mpaign Financing S AND DIREC	ic Signature of Registered Ag B(2)(b), F.S., the corporation did no Trust Fund Contribution ( ). FORS:	ent ot receive the prior notice.	Date
ne above the Stat IGNATU accordar ection Ca FFICER ttle: ame: ddress:	e named entity see of Florida.  RE: Electron note with s. 607.193 mpaign Financing S AND DIREC  PD () AZORIN, MARIA 32 BAHAMA CIF TAMPA, FL 336	ic Signature of Registered Ag (2)(b), F.S., the corporation did n Trust Fund Contribution ( ).  FORS:  Delete  Compared to the corporation of the	ent ot receive the prior notice.  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIA AZORIN PRES 06/04/2009