2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Eugene N. Suttin,

Jul 28, 2004 8:00 am Secretary of State DOCUMENT # G62002 07-28-2004 90022 004 ***150.00 1. Entity Name AZA VENTURES, INC. Principal Place of Business 44050247 ALL SOM CHARLES AND SERVICE STATES AND SERVICE 2. Principal Place of Business 3. Mailing Address <u>4205 West Atlantic Ave</u> 4205 West Atlantic Ave Suite, Apt. #, etc. Suite, Apt. #, etc. 05212004 CR2E034 (10/03) Chg-P Suite 201 Suite 201 Applied For 4 FEI Number City & State City & State 59-2317530 Not Applicable Delray Beach Delray Beach, FL\$8.75 Additional Country Country Zip 5. Certificate of Status Desired 33445 33445 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SUTTIN, EUGENE N Street Address (P.O. Box Number is Not Acceptable) DEMRAY BEAGH RIX \$3484 Suite 201 Delray Beach, FL Zip Code 33445 8. The above named entity submits this statement to the four pose of changing its registered office or registered agent, or both, in the State of Florida. I arn familiar with, and accept the obligations of registered agent. 7/22/04 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change PASD ☐ Delete TITLE TITLE NAME 4205 West Atlantic Ave, #201 SUTTIN, EUGENE N NAME STREET ADDRESS 376X XINTAKE &AKK KIK STREET ADDRESS DelrayoBeach; FL 33445: → CITY-ST-ZIP CITY-ST-ZIP **XXXXXXXXXXXXX** 本子Change ☐ Addition STD ☐ Delete TITLE TITLE SUTTIN, BONNIE NAME NAME 4205 West Atlantic Ave, Delray Beach, FL 33445 #201 **表现我以以我会是QATAIX 系现**系 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DRIXXXXBEACH RIXXX ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F Delete TITI F NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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 leport 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. AZA VENTURES, INC.

Presiden

FILED

July 22, 2004

Division of Corporations 2670 Executive Center Circle Suite 100 Tallahassee, FL 32301

To Whom It May Concern:

This letter is to certify that AZA Ventures, Inc. did not receive it's Profit Corporation Annual Report for the year 2004. It is my understanding that since we did not receive our filing report that the late fee will be waived.

Please find our check in the amount of \$ 150.00 along with the reporting form for this years filing.

Sincerely,

Eugene N. Suttin