

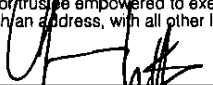


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90063 048 \*\*\*150.00

<b>DOCUMENT # G62002</b> 1. Entity Name <b>AZA VENTURES, INC.</b>					
Principal Place of Business <b>4205 WEST ATLANTIC AVE</b> <b>STE 201</b> <b>DELRAY BEACH, FL 33445 US</b>			Mailing Address <b>4205 WEST ATLANTIC AVE</b> <b>STE 201</b> <b>DELRAY BEACH, FL 33445 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2400 High Ridge Rd.</b> Suite, Apt. #, etc. <b>Suite 102</b>		3. Mailing Address <b>2400 High Ridge Rd.</b> Suite, Apt. #, etc. <b>Suite 102</b>			
City & State <b>Boynton Beach, FL</b>		City & State <b>Boynton Beach, FL</b>		4. FEI Number <b>59-2317530</b>	
Zip <b>33426</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SUTTIN, EUGENE N</b> <b>4205 WEST ATLANTIC AVE</b> <b>STE 201</b> <b>DELRAY BEACH, FL 33445</b>			7. Name and Address of New Registered Agent Name <b>(Same) Suttin, Eugene N.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2400 High Ridge Rd, Suite 102</b> City <b>Boynton Beach</b> <b>FL</b> Zip Code <b>33426</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PASD SUTTIN, EUGENE N 4205 WEST ATLANTIC AVE #201 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2400 High Ridge Rd, Suite 102</b> <b>Boynton Beach, FL 33426</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SUTTIN, BONNIE 4205 WEST ATLANTIC AVE #201 DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2400 High Ridge Rd, Suite 102</b> <b>Boynton Beach, FL 33426</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>Eugene N. Suttin</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/2/08</b> Daytime Phone # <b>561-424-9393</b> <div style="text-align: right;"><b>X2</b></div>		