

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 JUL 10 PM 12:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J80156

1. Entity Name
AZZERTS CORPORATION



Principal Place of Business

**39 EAST 78TH STREET
SUITE 603
NEW YORK, NY 10021**

Mailing Address

**% BRUCE M. GOTTLIEB
125 N 46 AVENUE
HOLLYWOOD, FL 33021**



07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2834230

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOTTLIEB, BRUCE M
125 N 46 AVENUE
HOLLYWOOD, FL 33021**

**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 14, 2007**

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	CEO
NAME	TREZZA, JAMES F
STREET ADDRESS	3041 N 35 STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VP
NAME	YOLDAS, DANIELLE
STREET ADDRESS	2614 CLEMATIS PLACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500106341815
07/18/07--01041--013 **361.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 966 79 00