

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003563

FILED
Jul 04, 2009
Secretary of State

Entity Name: ADZEB,CORP

Current Principal Place of Business:

1026 S.B STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

917 W.BROOME STREET
LANTANA, FL 33462

New Mailing Address:

FEI Number: 42-1762643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FONTIL, FITO
1026 S.B STREET
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

JEAN-BAPTISTE, PAULETTE
5519 S.W 7 STREET
MARGATE, FL 33068 US

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.

SIGNATURE: PAULETTE JEAN-BAPTISTE

07/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JEAN-BAPTISTE, PATRICK
Address: 5519 SOUTH WEST 7 STREET
City-St-Zip: MARGATE, FL 33068

Title: V.P () Delete
Name: MERCY, EXANTE
Address: 3060 CONGRESS PARK DRIVE,APT# 637
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: THERMIDOR, FRITZ
Address: 1614 TROPICAL DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: PIERRE, NEWTON D
Address: 917 W.BROOME STREET
City-St-Zip: LANTANA, FL 33462

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JEAN-BAPTISTE, PATRICK
Address: 5519 S.W 7 STREET
City-St-Zip: MARGATE, FL 33068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: THERMIDOR, JEAN-FRANCOIS
Address: 1614 TROPICAL DRIVE
City-St-Zip: LAKE WORTH, FL 33460

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEWTON D PIERRE

D

07/04/2009

Electronic Signature of Signing Officer or Director

Date