


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N980Q0004694	
1. Entity Name AZZUR ACHIEVEMENT CENTER, INC.	

Principal Place of Business 14540 JACKSON STREET MIAMI, FL 33176	Mailing Address 14540 JACKSON STREET MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0859925	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**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 reappointing) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FAUNTROY, DAVID Y 14540 JACKSON STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAUNTROY, ARLENE W 14540 JACKSON STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAUNTROY, RAYMOND C 14540 JACKSON STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAUNTROY, BENJAMIN G 14540 JACKSON STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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1100000165492
07/12/04-80016-005 61.25

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 report as required by Chapter 617, 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: *Arleen W. Fauntroy* **July 6, 2004** 305-2354634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #