

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004694

FILED
May 01, 2008
Secretary of State

Entity Name: AZZUR ACHIEVEMENT CENTER, INC.

Current Principal Place of Business:

14540 JACKSON STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

14540 JACKSON STREET
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0859925 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:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FAUNTROY, DAVID Y
Address: 14540 JACKSON STREET
City-St-Zip: MIAMI, FL 33176

Title: SD () Delete
Name: FAUNTROY, ARLENE W
Address: 14540 JACKSON STREET
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: FAUNTROY, RAYMOND C
Address: 14540 JACKSON STREET
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: FAUNTROY, BENJAMIN G
Address: 14540 JACKSON STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DAVID FAUNTROY

MR

05/01/2008

Electronic Signature of Signing Officer or Director

Date