


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000029736
1. Entity Name
AZERTY COMPONENTS, INC.



Principal Place of Business: 3601 SWANN AVE., #206 TAMPA, FL 33609
Mailing Address: 3601 SWANN AVE., #206 TAMPA, FL 33609



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3649306 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PEREZ, FERNANDO III
101 E. KENNEDY BLVD.
TAMPA, FL 33602

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: *S. JADOT* DATE: 01-17-05
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: BEAUFILLS, MICHEL STREET ADDRESS: 8, RUE DU FRONT POPULAIRE CITY-ST-ZIP: RIS-ORANGIS FRANCE, 91130	<p>1100000187912 01/24/05-80036-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE: VTD NAME: MOINEAU, PHILLIPE STREET ADDRESS: 8, RUE DU FRONT POPULAIRE CITY-ST-ZIP: RIS-ORANGIS FRANCE, 91130	
TITLE: VD NAME: JADOT, SEBASTIEN STREET ADDRESS: 3601 SWANN AVE #206 CITY-ST-ZIP: TAMPA, FL 33609	
TITLE: S NAME: JADOT, JEAN-CLAUDE STREET ADDRESS: PLACE 38, PETIT ENGHIEU CITY-ST-ZIP: BELGIUM, BL 8-85	
TITLE: D NAME: COLIN, JEAN MICHEL STREET ADDRESS: 8, RUE DU FRONT POPULAIRE CITY-ST-ZIP: RIS-ORANGIS FRANCE, 91130	
TITLE: D NAME: COUSOT, BRUNO STREET ADDRESS: 8, RUE DU FRONT POPULAIRE CITY-ST-ZIP: RIS-ORANGIS FRANCE, 91130	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *S. JADOT* DATE: 01-17-05 DAYTIME PHONE #: 813-872-9757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR