


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000029736 1. Entity Name AZERTY COMPONENTS, INC.	
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Principal Place of Business 3601 SWANN AVE., #206 TAMPA, FL 33609	Mailing Address 3601 SWANN AVE., #206 TAMPA, FL 33609
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3649306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ DATE _____
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, 2007 Fee will be \$550.00	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	PD BEAUFILLS, MICHEL 8, RUE DU FRONT POPULAIRE RIS-ORANGIS FRANCE, 91130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MOINEAU, PHILLIPE 8, RUE DU FRONT POPULAIRE RIS-ORANGIS FRANCE, 91130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JADOT, SEBASTIEN 3601 SWANN AVE #206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JADOT, JEAN-CLAUDE PLACE 38, PETIT ENGHIEU BELGIUM, BL & 85
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLIN, JEAN MICHEL 8, RUE DU FRONT POPULAIRE RIS-ORANGIS FRANCE, 91130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUSOT, BRUNO 8, RUE DU FRONT POPULAIRE RIS-ORANGIS FRANCE, 91130

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01/09/07-80030-012 150.00

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 authority empowered.

SIGNATURE 	S. JADOT	1-4-2007	813-872-9753
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>