


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 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

DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

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

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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, 2008 Fee will be \$550.00

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

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	VTO 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

U00000792698
 01/24/08-80019-004 150.00

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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 all other like empowered.

SIGNATURE S. JADOT 1-18-08 813-872-9753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #