

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90116 018 ***150.00

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DOCUMENT # P00000059884 1. Entity Name AZA CONSULTING, INC.			
Principal Place of Business 9249 OLMSTEAD DRIVE LAKE WORTH, FL 33467		Mailing Address 9249 OLMSTEAD DRIVE LAKE WORTH, FL 33467	
2. Principal Place of Business 3526 PALAIS TERRACE Suite, Apt. #, etc.		3. Mailing Address 3526 PALAIS TERRACE Suite, Apt. #, etc.	
City & State WELLINGTON FL Zip Country 33467 USA		City & State WELLINGTON FL Zip Country 33467 USA	
4. FEI Number 65-1022640		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 AMICO, GUY 9249 OLMSTEAD DRIVE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3526 PALAIS TERRACE City WELLINGTON FL Zip Code 33467	
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 <u><i>Guy Amico</i></u> <small>Signature typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating) <u>4/30/05</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMICO, GUY 9249 OLMSTEAD DRIVE LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3526 PALAIS TERRACE WELLINGTON, FLORIDA 33467	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u><i>Guy Amico</i></u> <u>Guy Amico</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/30/05</u> <u>315-768-1262</u> <small>Date Daytime Phone #</small>	