

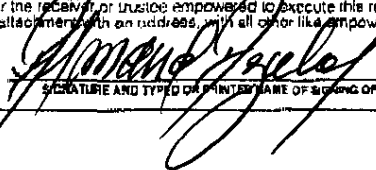


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90023 022 \*\*\*150.00

<b>DOCUMENT # P0000089840</b> 1. Entity Name <b>ARMAND AZULAY, INC.</b>					
Principal Place of Business <b>10140 W. BAY HARBOR DR., #502</b> <b>BAY HARBOR, FL <del>33135</del> 33154</b>		Mailing Address <b>10140 W. BAY HARBOR DR., #502</b> <b>BAY HARBOR, FL <del>33135</del> 33154</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07022004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>65-1041261</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>AZULAY, ARMAND</b> <b>10140 W. BAY HARBOR DR., #502</b> <b>BAY HARBOR, FL <del>33135</del> 33154</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> - Zip Code</span>			
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>AZULAY, ARMAND</b> <b>10140 W. BAY HARBOR DR., #502</b> <b>BAY HARBOR, FL <del>33135</del> 33154</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>7/6/04</b>	Davids Photo #: <b>305-867-0610</b>

*Attachment*  
LAW OFFICES  
**GLASSBERG & GLASSBERG, P.A.**

13615 SOUTH DIXIE HIGHWAY  
#114-514  
MIAMI, FLORIDA 33176

54061530  
#P00000689840

DAVID M. GLASSBERG  
LORI H. GLASSBERG

(305) 669-9535  
FAX (305) 255-9969

July 8, 2004

Division of Corporations  
Uniform Business Report Filing  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: Armand Azulay, Inc.

Gentlemen:

This Law Firm represents Armand Azulay, Inc. The sole Officer, Director and Stockholder (Armand Azulay) was very sick and unable to file the enclosed Annual Report. Please delete the late fee and accept the enclosed \$150.00.

Thank you in advance for your cooperation in this matter.

Very truly yours,

  
David M. Glassberg

DMG/bal