

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91753 035 \*\*\*155.00

DOCUMENT # **PO1 000082791**  
1. Entity Name  
**AZUL GROUP, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7935 SW 86 ST**  
Suite, Apt. #, etc. **803**

3. Mailing Address  
**PO BOX 430787**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

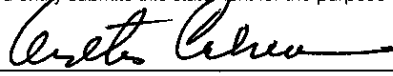
City & State **MIAMI FL** City & State **SOUTH MIAMI FL** 4. FEI Number **65-1132335** Applied For  
Not Applicable

Zip **33143** Country **USA** Zip **33243** Country **USA** 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **ORESTES CABRERA**  
Street Address (P.O. Box Number is Not Acceptable) **7935 SW 86 ST #803**  
City **MIAMI** FL Zip Code **33143**

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.

SIGNATURE  DATE **05/10/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARTINEZ, PEDRO 13818 SW 39 TERR, MIAMI FL 33175</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ORESTES CABRERA PO BOX 430787, SOUTH MIAMI FL 33243</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **05/10/02** 305.740.6799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)