

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082791

FILED
Sep 07, 2004
Secretary of State

Entity Name: AZUL GROUP, INC.

Current Principal Place of Business:

7935 SW 86 ST
803
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

PO BOX 430787
SOUTH MIAMI, FL 33243

New Mailing Address:

FEI Number: 65-1132335 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CABRERA, ORESTES
7935 SW 86 ST
UNIT 803
MIAMI, FL 33143

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, PEDRO
Address: 13818 SW 39 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: VP () Delete
Name: CABRERA, ORESTES
Address: PO BOX 430787
City-St-Zip: SOUTH MIAMI, FL 33243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORESTES CABRERA

VP

09/07/2004

Electronic Signature of Signing Officer or Director

_____ Date