


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90112 012 \*\*\*150.00

**DOCUMENT # P02000003432**

1. Entity Name  
**AZAR INVESTMENT, CORP.**



Principal Place of Business  
**C/O ROTH, TOUSSO & DERRACH, P.A.**  
**3440 HOLLYWOOD BLVD., STE. 360**  
**HOLLYWOOD, FL 33021**

Mailing Address  
**C/O ROTH, TOUSSO & DERRACH, P.A.**  
**3440 HOLLYWOOD BLVD., STE. 360**  
**HOLLYWOOD, FL 33021**

**24044757**



2. Principal Place of Business  
**18851 NE 29th AV**  
 Suite, Apt. #, etc.  
**900**  
 City & State  
**AVENTURA, FL**  
 Zip  
**33180** Country  
**USA**

3. Mailing Address  
**18851 NE 29th AV**  
 Suite, Apt. #, etc.  
**900**  
 City & State  
**AVENTURA, FL**  
 Zip  
**33180** Country  
**USA**

01262004 Chg-P CR2E034 (10/03)

4. FEI Number  
**03-0375670**

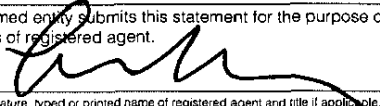
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RUSSO, MARKE**  
**3440 HOLLYWOOD BOULEVARD**  
**SUITE 360**  
**HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent  
 Name  
**LEONARDO A. ROTH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**18851 NE 29th AV STE 900**  
 City  
**AVENTURA** FL Zip Code  
**33180**

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  **LEONARDO A. ROTH, ESQ** DATE **4/6/04**

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, 2004 Fee will be \$550.00**

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

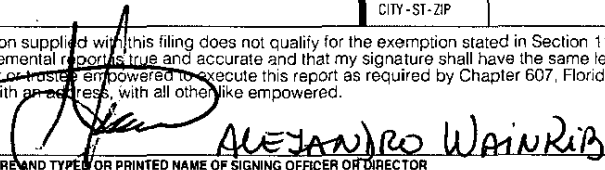
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WAINRIB, ALEJANDRO JOSE <del>3440 HOLLYWOOD BLVD., STE. 360</del> <del>HOLLYWOOD, FL 33021</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD AZAR, VALERIA PAOLA <del>3440 HOLLYWOOD BLVD., STE. 360</del> <del>HOLLYWOOD, FL 33021</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALEJANDRO JOSE WAINRIB 18851 NE 29th AV, STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VALERIA PAOLA AZAR 18851 NE 29th AV, STE 900 AVENTURA, FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 reports 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:  **ALEJANDRO WAINRIB, P** DATE **4/6/04** DAYTIME PHONE # **786 278 0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR