

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000015641

1. Entity Name  
AZAPA CORPORATION



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -9 AM 10:24

Principal Place of Business  
~~445 GERONA AVE~~  
~~CORAL GABLES, FL 33146~~ US

Mailing Address  
~~445 GERONA AVE~~  
~~CORAL GABLES, FL 33146~~ US

2. Principal Place of Business - No P.O. Box #  
**2506 PONCE DE LEON BLVD**

3. Mailing Address  
**2506 PONCE DE LEON BLVD**

Suite, Apt. #, etc.  
**ATTN: RAFAEL SANCHEZ-ABALLI**

Suite, Apt. #, etc.  
**ATTN: RAFAEL SANCHEZ-ABALLI**

City & State  
**CORAL GABLES FL**

City & State  
**CORAL GABLES FL**

Zip  
**33134**

Zip  
**33134**



04302008 Chg-P CR2E034 (12/06)

4. FEI Number  
**80-0037495**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**RAFAEL J. SANCHEZ-ABALLI, P.A.**  
~~**445 GERONA AVE**~~  
~~**CORAL GABLES, FL 33146**~~

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Applicable)  
**2506 PONCE DE LEON BLVD**  
City **CORAL GABLES** FL **33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature is required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                                      |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GUZMAN MATTA, JOSE A<br><del>445 GERONA AVE</del><br><del>CORAL GABLES, FL 33146</del> <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>GUZMAN CRUZAT, NICOLAS<br><del>445 GERONA AVE</del><br><del>CORAL GABLES, FL 33146</del> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LARRAIN DOGGENWEILER, JUAN A<br><del>445 GERONA AVE</del><br><del>CORAL GABLES, FL 33146</del> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                                      |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2506 PONCE DE LEON BLVD</b><br><b>CORAL GABLES FL 33134</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2506 PONCE DE LEON BLVD</b><br><b>CORAL GABLES FL 33134</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>2506 PONCE DE LEON BLVD</b><br><b>CORAL GABLES FL 33134</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>900129447339</b><br><b>05/14/08--01015--024 **1477.50</b>              |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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: **4.29.08** **305.779.5041**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Price #

5/13/08