## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 13, 2007 08:00 AM **Secretary of State** DOCUMENT # P02000049040 1. Entity Name AZIEL CONSTRUCTION, CORP. Mailing Address Principal Place of Business 8300 NW 53 STREET 8151 SW 178 STREET MIAMI, FL 33157 **SUITE # 308** MIAMI, FL 33166 07102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0452383 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SORIANO, YISMEL DO NOT WRITE 8151 SW 178 STREET MAIMI, FL 33157 IN THIS SPACE 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. 11000007687 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE SORIANO, YISMEL MAME 8151 SW 178 STREET STREET ACCRESS MIAMI, FL 33157 CITY-ST-ZIP TITLE NAME SORIANO, JACLYN M 8151 SW 178 ST. STREET ADDRESS CATY-ST-ZIP MIAMI, FL 33157 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR