


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 022 ***150.00

DOCUMENT # P02000094186 1. Entity Name AZM TRANSPORTATION, INC.			
Principal Place of Business 6414 OAKTREE COURT TAMPA, FL 33610		Mailing Address 6414 OAKTREE COURT TAMPA, FL 33610	
2. Principal Place of Business - No P.O. Box # 37818 TRILBY RD Suite, Apt. #, etc.		3. Mailing Address 37818 TRILBY RD Suite, Apt. #, etc.	
City & State DADE CITY, FL Zip 33523		City & State DADE CITY, FL Zip 33523	
Country USA		Country USA	
4. FEI Number 52-2374839		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAKO, MIRSAO 6414 OAKTREE COURT TAMPA, FL 33610		7. Name and Address of New Registered Agent Name FAKO MIRSAO Street Address (P.O. Box Number is Not Acceptable) 37818 TRILBY RD City DADE CITY FL Zip Code 33523	
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: <u><i>Foko</i></u> DATE: <u>06.11.07</u> <small>Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 37818 TRILBY RD DADE CITY, FL 33523
NAME	FAKO, MIRSAO	NAME	
STREET ADDRESS	6414 OAKTREE COURT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33610	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u><i>Foko</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>06.11.07</u> <small>Date</small>	