

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129066

FILED  
Apr 26, 2009  
Secretary of State

Entity Name: AZOY TAX & FINANCIAL SERVICES, CORP.

## Current Principal Place of Business:

755 SOUTH STATE RD 7  
PLANTATION, FL 33317 US

## New Principal Place of Business:

## Current Mailing Address:

755 SOUTH STATE RD 7  
PLANTATION, FL 33317 US

## New Mailing Address:

FEI Number: 11-3665934

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AZOY, EDUARDO A  
2236 NORTH CYPRESS BEND DR  
APT 502  
POMPANO BEACH, FL 33069 US

## 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AZOY ATP, BARBARA Q  
Address: 2236 NORTH CYPRESS BEND DR, APT 502  
City-St-Zip: POMPAN0 BEACH, FL 33069 US

Title: VP ( ) Delete  
Name: AZOY EA ATA, EDUARDO A  
Address: 2236 NORTH CYPRESS BEND DR, APT 502  
City-St-Zip: POMPAN0 BEACH, FL 33069 US

Title: VP ( ) Delete  
Name: AZOY, ENRIQUE  
Address: 2236 NORTH CYPRESS BEND DR APT 502  
City-St-Zip: POMPAN0 BEACH, FL 33069 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP ( ) Change (X) Addition  
Name: AZOY-TAYLOR, ARELYS  
Address: 2236 N CYPRESS BEND DR APT 502  
City-St-Zip: POMPAN0 BEACH, FL 33069 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA Q AZOY

PRES

04/26/2009

Electronic Signature of Signing Officer or Director

Date