2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000001555

1. Entity Name

AZ BUILDERS CORPORATION



FILED
Mar 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

2600SW 3RD AVE

2600SW 3RD A 730

MIAMI, FL 33129

Mailing Address

2600SW 3RD AVE

730

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33129



02072007

No Chg-P

CR2E034 (11/05)

4. FEI Number 42-1570433

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ DE VARONA, RAUL J 1320 S DIXIE HWY STE 280 CORAL GABLES, FL 33146

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				IN I	IHIS SPACE
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered			Agent signature	required when reinstating)	DATE
	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZZOLLINI, ENRIQUE A 2600 SW 3RD #730 MIAMI, FL 33129				v.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBERIS, MARGARITA 2600 SW 3RD AVE #730 MIAMI, FL 33129	:			000000678225 04/02/07-80024-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME					

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 bath; 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 CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

ENRIPHY ALLOCIN

ALESIJEM

BIGNING OFFICER OR DIRECTOR

1/12/07 Jor.170-1997
Date Despire Prope 4