2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000072613 1. Entity Name 07-25-2005 90106 037 ***150.00 AZUL DEL MAR, INC. Principal Place of Business Mailing Address 104300 OVERSEAS HIGHWAY 104300 OVERSEAS HIGHWAY KEY LARGO, FL 33037 KEY LARGO, FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E034 (10/03) 07112005 Chg-P City & State City & State 4. FEI Number Applied For 20-0072437 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARSDEN KAROL MARSDEN, KAROL K 228 SW 22ND ROAD MIAMI, FL 33129 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 the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change MARSDEN KAROL 104300 OVERSEAS HWY KEY LARGO, FL 33037 MARSDEN, KAROL NALE NAME STREET ADDRESS 228 SW 22ND ROAD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition MARSDEN DOMINIC MAKS DEN LUSEAS 104300 OVERSEAS MARSDEN, DOMINIC NAME NAME STREET ADDRESS 228 SW 22ND ROAD STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33129 CITY-ST-ZIP MIE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HE ☐ Delete MIE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-S1-70P CITY-ST-78 Addition MIE ☐ Defete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED

Jul 25, 2005 8:00 am