


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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|---|---|
| DOCUMENT # P03000111210 1. Entity Name AZUR DEVELOPMENT CORP. |  |
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04 MAY -3 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 2665 S BAYSHORE DR, STE 703 MIAMI, FL 33133 | Mailing Address 2665 S BAYSHORE DR, STE 703 MIAMI, FL 33133 |
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| 2. Principal Place of Business 2833 Bird Avenue Suite, Apt. #, etc. | 3. Mailing Address 2833 Bird Avenue Suite, Apt. #, etc. |
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04132004 Chg-P CR2E034 (10/03)

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|---------------------------------------|---------------------------------------|
| City & State Miami, Florida | City & State Miami, Florida |
|---------------------------------------|---------------------------------------|

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| 4. FEI Number 20-0696460 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

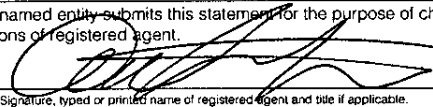
| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 33133 | Country USA | Zip 33133 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 S BAYSHORE DR, STE 703 MIAMI, FL 33133 |
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|---|--------------------|--------------------------|
| 7. Name and Address of New Registered Agent Name Albert J. Lazo, Esq. Street Address (P.O. Box Number is Not Acceptable) 2833 Bird Avenue City Miami | State FL | Zip Code 33133 |
|---|--------------------|--------------------------|

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  **Albert J. Lazo** 4/13/04 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

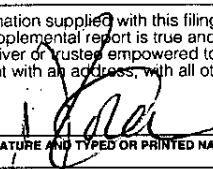
**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete GOREE, DONALD 2665 S BAYSHORE DR, STE 703 MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete LAZO, ALBERT J 2665 S BAYSHORE DR, STE 703 MIAMI, FL 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Goree, Donald 2833 Bird Avenue Miami, Florida 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lazo, Albert J. Lazo 2833 Bird Avenue Miami, Florida 33133 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **Donald Goree** 4/13/04 (305) 774-0204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #