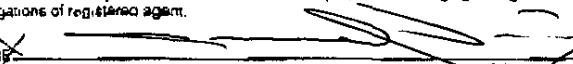
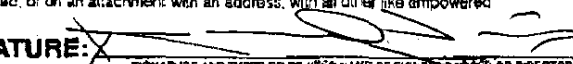


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90783 002 ***158.75

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000121411			
1. Entity Name AZOR INTERNATIONAL TRADES INC.			
Principal Place of Business 5741 NW 3RD TERRACE BOCA RATON, FL 33487		Mailing Address 5741 NW 3RD TERRACE BOCA RATON, FL 33487	
2. Principal Place of Business 4153 SW 47 AV		3. Mailing Address	
Suite, Apt. #, etc. Suite 152		Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State	
Zip 33314	Country BROWARD	Zip	Country
6. Name and Address of Current Registered Agent VIEIRA, MANUEL 5741 NW 3RD TERRACE BOCA RATON, FL 33487		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 		DATE 4-28-04	
Signature, typed or printed name of registered agent who filed this statement		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete VIERIA, MANUEL 5741 NW 3RD TERRACE BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this form 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 		DATE 4-28-04 561-445-0481	
Signature and typed or printed name of signing officer or director		DATE	

14018887



04292004 Chg-P CR2E034 (10/03)

4. FEI Number **56-2403144** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**