2005 FOR PROFIT CORPORATION

Mailing Address

FIVES LAKES

3429 51ST AVE CIR W

BRADENTON, FL 34210

ANNUAL REPORT

DOCUMENT # P04000012923

1. Entity Name

AZURE WORLDWIDE, INC

Principal Place of Business

BRADENTON, FL 34210

3429 51ST AVE CIR W **FIVES LAKES**



FILED Feb 07, 2005 8:00 am Secretary of State 02-07-2005 90091 018 ***150.00

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20	City & State				City & State						20	<u> </u>			
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip			Zip Country				5. Certificate of	of Status Desired					
STORE LADORS STORE AND STO		6. Name	and Address of Current	t Regist	ered Agent			•	7. Name and	Address of New I	Registered A	gent			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			⁻ - -		، حمد معا عد / سید		~Name	. ~-			•				
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, byerd or proted name of registered agent at the 2 statistics. NOTE Registered Agent symbol required agent at the 3 statistics. NOTE Registered Agent symbol required agent and the 3 statistics. NOTE Registered Agent symbol required agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both and accept the obligations of registered agent, or both and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and accept the state of Florida. I am familiar with and accept the stat	3984 MANATEE AVE EAST						Street Address (P.O. Box Number is Not Acceptable)								
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### PILE NOW!!! FEE IS \$150.00 ### Added to Fees	SIGNATURE_	Signature typed	or printed name of registured agen	t and title it	(NOT	E: Register	ed Agent signature	re recuired w	hen reinstating)		DATE				
After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PROFILE		oig-atare, types	TO PINACO INCIDENTA OF INCIDENTA AGOI	1	(10)										
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		L certify that th	e information supplied wil	th this fi	ling does not qualify fo			ed in Sec	tion 119.07(3)(i), Florida Statutes	. I further cert	fy that the in	nformation		

indicated on this report or supplied with an an accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or office to 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.

SI	G	N	Δ	T	J	R	E	•

Marks Beck SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05

941-807-0718

Daytime Phone #