Page 1 of 2

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
06 SEP 28 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000089778

1. Entity Name: Azur Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4000c SW 9th Terr	4000c SW 9th Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables FL	City & State: Coral Gables FL
Zip: 33134 Country:	Zip: 33134 Country:

CR2E034B (8/05)

4. FEI Number: 20-1262495 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David G. Cornell

Street Address (P.O. Box Number is Not Acceptable): 824 NW 79th ST Rd.

City: Miami FL Zip Code: 33136

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	~~Azur Incorporated~~
STREET ADDRESS	4000c SW 9th Terrace
CITY-ST-ZIP	Coral Gables FL 33134
TITLE	President
NAME	Helen Henric
STREET ADDRESS	4000c SW 9th Terrace
CITY-ST-ZIP	Coral Gables, FL 33134
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NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Helen L. Henric 8/14/2006 (305) 244 3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Azur Incorporated
4000c SW 9th Terrace
Coral Gables, FL. 33134
Helen Henric: President
Document # P04000089778

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314
ATTN: Tina Carter

August 16, 2006

Dear Ms. Carter:

I am submitting my completed 2006 Annual Report which I had requested from your office.

Due to extenuating circumstances and critical occurences in our lives, we have made several moves in the past year. As a result, my mail has not caught up with me and I never received the 2006 Annual Report notice.

I am hereby requesting that you please waive the $400 late fee.

As indicated above, the name of the corporation is: Azur Incorporated. Document # P04000089778.

I have enclosed a check for $155. One hundred and fifty Dollars for the Annual Report Fee and $5 Election Campaign Financing Contribution.

If you have any further questions, please call me at (305) 244-3482.

Thank you and I look forward to speaking with you again.

Sincerely,

Helen L. Henric