

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000090038

1. Entity Name
DAVID WM. AZAR, J.D., P.A.



Principal Place of Business
5920 SO. A1A SUITE 101
MELBOURNE BEACH, FL 32951

Mailing Address
5920 SO. A1A SUITE 101
MELBOURNE BEACH, FL 32951

FILED
Apr 07, 2008 08:00 A
Secretary of State



02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0543703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

AZAR, DAVID WM.
5920 SO. A1A SUITE 101
MELBOURNE BEACH, FL 32951

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity, by signing this report, is certifying its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registration.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

04/17/08 00005 000 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AZAR, DAVID WM.
STREET ADDRESS	5920 SO. A1A SUITE 101
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #