

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127806

Entity Name: ADAZA & ASSOCIATES, INC.

FILED  
Mar 19, 2008  
Secretary of State

## Current Principal Place of Business:

8362 PINES BLVD  
SUITE 311  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

8362 PINES BLVD  
SUITE 311  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number: 20-1599589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE AZA, ALEXIS VSD  
8362 PINES BLVD  
SUITE 311  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

DE AZA, ALEXIS PTD  
8362 PINES BLVD  
SUITE 311  
PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: ALEXIS DE AZA

03/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: DE AZA, MARIA  
Address: 8362 PINES BLVD SUITE 311  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VSD ( ) Delete  
Name: DE AZA, ALEXIS  
Address: 8362 PINES BLVD SUITE 311  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change ( ) Addition  
Name: DE AZA, MARIA  
Address: 8362 PINES BLVD SUITE 311  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: PTD (X) Change ( ) Addition  
Name: DE AZA, ALEXIS  
Address: 8362 PINES BLVD SUITE 311  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXIS DE AZA

PTD

03/19/2008

Electronic Signature of Signing Officer or Director

Date