APR-30-2005 14:28 FROM:

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90176 022 ***150.00

DOCUMENT # P04000141491

1. Entity Name
AZORES CORPORATION

Principal Place of Business: 8600 KNOTTINGHAM DR, KISSIMMEE, FL 34747 DELETE

Mailing Address: 8600 KNOTTINGHAM DR, KISSIMMEE, FL 34747 DELETE

500047565

Chg-P CR2E034 (10/03)

2. Principal Place of Business: 149 Westwind Dr.
Suite, Apt. #, etc.
City & State: Davenport, FL
Zip: 33896 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 13-4290095 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BUZAN, FREDERIC F
3303 N LAKEVIEW DR STE 2115
TAMPA, FL 33618

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAVARES, KAVIN J 8600 KNOTTINGHAM DR KISSIMMEE, FL 34747	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOSE TAVARES 149 Westwind Dr. Davenport, Fl 33896	☒ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] JOSE TAVARES 4/30/05 (863) 424.5461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #