


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90131 034 \*\*\*150.00

|  |  |   |
|--|--|---|
| DOCUMENT # P05000015926                |  |  |
| 1. Entity Name<br>AZRIA LAW FIRM, P.A. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>420 LINCOLN RD.<br>SUITE 235-B<br>MIAMI BEACH, FL 33139 | Mailing Address<br>420 LINCOLN RD.<br>SUITE 235-B<br>MIAMI BEACH, FL 33139 |
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|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



02142006 Chg-P CR2E034 (11/05)

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|--|--|--|
| 4. FEI Number<br>20-2263292  |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                     |  |  |
| 6. Name and Address of Current Registered Agent<br>AZRIA, ISABELLE E ESQ<br>7430 NW 4 STREET<br>#305<br>PLANTATION, FL 33317 |  | 7. Name and Address of <del>the</del> Registered Agent<br>Name: Azria, Isabelle E ESQ<br>Street Address (P.O. Box Number is Not Acceptable): 420 Lincoln Rd.<br>Suite 235-B<br>City: Miami Beach, FL Zip Code: 33139 |

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  ISABELLE E. AZRIA, ESQ 2/14/06  
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<br>After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P,D<br>AZRIA, ISABELLE E<br>7430 NW 4 STREET, #305<br>PLANTATION, FL 33317 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P,D<br>Azria, Isabelle E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>420 Lincoln Rd, Suite 235-B<br>Miami Beach, FL 33139 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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  ISABELLE E. AZRIA 2/14/06 786-276-3998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #