## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000005622

BURDETT, RYAN S

2219 N.W. 59TH AVENUE

LAUDERHILL, FL 33313 US

Name:

Address:

City-St-Zip:

Entity Name: AZA RE-EL, INC

FILED Apr 30, 2008 Secretary of State

_many man	, , , , , , , , , , , , , , , , , , ,	LL, 1140.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
451 SW 83 NORTH LA	3 AVENUE AUDERDALE,	FL 33068 US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
451 SW 83 NORTH LA	3 AVENUE AUDERDALE,	FL 33068 US			
FEI Number:	: 16-1745976	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
LAW FIRM OF CAROLY PEDERSEN, P.A. 15751 SHERIDAN STREET SUITE 110 FORT LAUDERDALE, FL 33331 US			REID'S INCOME TAX & 5419 NORTH STATE R TAMARAC, FL 33319	REID'S INCOME TAX & COMPUTER SERVICE, LLC 5419 NORTH STATE ROAD 7 TAMARAC, FL 33319 US	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: WARREI	N D. REID		04/30/2008	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SPENCE, PETI 451 SW 83 AV		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SPENCE, DAW 451 SW 83 AV		Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( GRANT, RAND 2109 N. 17 CO HOLLYWOOD,	URT, APT#3	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title:	D (	) Delete	Title: (	) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PETER M. SPENCE D 04/30/2008