2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039941

Entity Name: AZORES INVESTMENTS CORP

FILED Jan 30, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	N LANE DRIV	E			
314 KEY BISCA	AYNE, FL 3314	19 US			
Current M	ailing Addres	s:	New Maili	ing Address:	
199 OCEA	99 OCEAN LANE DRIVE				
314 KEY BISCA	AYNE, FL 3314	19 US			
FEI Number:	06-1771911	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
314 KEY BISCA The above in the State	of Florida.	19 US	e purpose of changing i	its registered office or registered agent, or both,	
SIGNATUF		is Cianatura of Desistered A	a a n t	Data	
Elastian Con		c Signature of Registered A Trust Fund Contribution ().	geni	Date	
Election Can	npaign rinancing	Trust rund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P,D () VELAZQUEZ, M 199 OCEAN LA KEY BISCAYNE	NE DRIVE 314	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP,D () MARTINEZ, AND 199 OCEAN LAN KEY BISCAYNE	IE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition VELAZQUEZ, LUIS ISRAEL 199 OCEAN DRIVE KEY BISCAINE, FL 33149 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition SANTAMARIA, CARLOS 199 OCEAN DIRVE KEY BISCAINE, FL 33149 US	

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS ISRAEL VELAZQUEZ T 01/30/2007