

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000128817

Entity Name: AZUL ONE, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

430 TIMBERWALK CT
1012
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

C/O ACCOUNTAX, INC. CHARLES WEATHERLY
7370 HODGSON MEMORIAL DR E-8
SAVANNAH, GA 31406

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUEVAS, LUIS M
430 TIMBERWALK CT
1012
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CUEVAS, LUIS M
Address: 430 TIMBERWALK CT APT 1012
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Delete
Name: KIZAUR, JAMES S
Address: 1916 S. 59TH CT.
City-St-Zip: CICERO, IL 60804

Title: SEC () Delete
Name: KIZAUR, JUANA P
Address: 1916 S. 59TH CT.
City-St-Zip: CICERO, IL 60804

Title: TREA () Delete
Name: RODRIGUEZ, LUIS
Address: 2446 WATTLE TREE RD. EAST
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUIS CUEVAS

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

Date