

Mar 21 08 09:08a Gary Herr

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Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90183 041 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000C30325			
1. Entity Name ALAZEE, INC.			
Principal Place of Business 710 KING STREET SUITE 115 COCOA, FL 32922		Mailing Address 710 KING STREET SUITE 115 COCOA, FL 32922	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. / Suite		City & State	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEBBIE L. DOMINA 410 DIXIE LANE COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number, if Applicable) City State 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, and acknowledges the obligations of the filer.			
SIGNATURE			
FILE NOW! FEE IS \$150.00 After May 1, 2008 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 11	
NAME AL-SHAKHAB, EDDIE STREET ADDRESS 120 VENETIAN WAY, SUITE 315 MIAMI BEACH, FL 33139		NAME RICHARD S. SOKAN STREET ADDRESS 710 King St, Suite 115 Cocoa, FL 32922	
TITLE President		TITLE President	
STREET ADDRESS CITY-STATE-ZIP		STREET ADDRESS CITY-STATE-ZIP	
NAME STREET ADDRESS CITY-STATE-ZIP		NAME STREET ADDRESS CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 607, Florida Statutes, and 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 of this filing.			
SIGNATURE		4/27/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	