

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055033

FILED  
Apr 02, 2008  
Secretary of State

Entity Name: AZOR FINANCIAL SERVICES, INC.

## Current Principal Place of Business:

1581 SEAGRAPE WAY  
HOLLYWOOD, FL 33019

## New Principal Place of Business:

## Current Mailing Address:

1581 SEAGRAPE WAY  
HOLLYWOOD, FL 33019

## New Mailing Address:

FEI Number: 20-8960431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLEY, ADRIENNE  
1581 SEAGRAPE WAY  
HOLLYWOOD, FL 33019 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: KELLEY, ADRIENNE  
Address: 1581 SEAGRAPE WAY  
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP ( ) Delete  
Name: AZOR, BETH  
Address: 11173 SW 37 MANOR  
City-St-Zip: DAVIE, FL 33328

Title: SEC ( ) Delete  
Name: AZOR, BETH  
Address: 11173 SW 37 MANOR  
City-St-Zip: DAVIE, FL 33328

Title: TREA ( ) Delete  
Name: KELLEY, ADRIENNE  
Address: 1581 SEAGRAPE WAY  
City-St-Zip: HOLLYWOOD, FL 33019

## 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: ADRIENNE KELLEY

P

04/02/2008

Electronic Signature of Signing Officer or Director

Date