2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P11000098008

Entity Name: AZUL PROPERTY, INC.

Current Principal Place of Business:

2000 PONCE DE LEON BLVD., SUITE 653
CORAL GABLES, FL 33134

New Principal Place of Business:

2000 PONCE DE LEON BLVD., SUITE 617
CORAL GABLES, FL 33134

Current Mailing Address:

2000 PONCE DE LEON BLVD., SUITE 653
CORAL GABLES, FL 33134

New Mailing Address:

2000 PONCE DE LEON BLVD., SUITE 617
CORAL GABLES, FL 33134

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

Name and Address of Current Registered Agent:

BARBOSA, JULIO C ESQ.
2000 PONCE DE LEON BLVD., SUITE 625
CORAL GABLES, FL 33134 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: NOGUEIRA DE SA, MARCOS
Address: 2000 PONCE DE LEON BLVD., SUITE 617
City-St-Zip: CORAL GABLES, FL 33134

Title: D/VP
Name: VERGA NOGUEIRA DE SA, OLGA MARIA
Address: 2000 PONCE DE LEON BLVD., SUITE 617
City-St-Zip: CORAL GABLES, FL 33134

Title: D/S
Name: VERGA DE SA, OLGA MARIA
Address: 2000 PONCE DE LEON BLVD., SUITE 617
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: MARCOS NOGUEIRA DE SA DPT 04/10/2012

Electronic Signature of Signing Officer or Director — Date