

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90022 001 \*\*\*150.00

44050250



<b>DOCUMENT # P93000050613</b> 1. Entity Name <b>AZA VENTURES V, INC.</b>					
Principal Place of Business <b>5752 VINTAGE OAKS CIR</b> <del>5752 VINTAGE OAKS CIR</del> <del>DELRAY BEACH, FL 33484</del>				Mailing Address <b>5752 VINTAGE OAKS CIR</b> <del>5752 VINTAGE OAKS CIR</del> <del>DELRAY BEACH, FL 33484</del>	
2. Principal Place of Business <b>4205 West Atlantic Ave</b>		3. Mailing Address <b>4205 West Atlantic Ave</b>		03152003    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>Suite 201</b>		Suite, Apt. #, etc. <b>Suite 201</b>		4. FEI Number <b>65-0425703</b>	
City & State <b>Delray Beach, FL</b>		City & State <b>Delray Beach, FL</b>		Applied For Not Applicable	
Zip <b>33445</b>		Country <b>33445</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SATTIN, EUGENE N</b> <del>5752 VINTAGE OAKS CIR</del> <b>4205 West Atlantic Ave</b> <del>DELRAY BEACH, FL 33484</del> <b>Suite 201</b> <b>Delray Beach, FL</b> <b>33445</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:     (NOTE: Registered Agent signature required when reinstating)    DATE: <b>7/22/04</b>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SUTTIN, EUGENE <del>5752 VINTAGE OAKS CIR</del> <del>DELRAY BEACH, FL</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4205 West Atlantic Ave., #201</b> <b>Delray Beach, FL 33445</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b>			Date: <b>7/22/04</b> Daytime Phone #: <b>561-496-7899</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Eugene N. Sattin, President</b>					

Attachment 44050250  
#P93000050613

# VINTAGE PROPERTIES

July 22, 2004

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

To Whom It May Concern:

This letter is to certify that AZA Ventures V, Inc. did not receive it's Profit Corporation Annual Report for the year 2004. It is my understanding that since we did not receive our filing report that the late fee will be waived.

Please find our check in the amount of \$ 150.00 along with the reporting form for this years filing.

Sincerely,

  
Eugene N. Sutton