


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90063 004 ***150.00

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|--|---|--|--|---|--|
| DOCUMENT # P93000050613 1. Entity Name AZA VENTURES V, INC. | | | |  | |
| Principal Place of Business 4205 WEST ATLANTIC AVE STE 201 DELRAY BEACH, FL 33445 US | | | Mailing Address 4205 WEST ATLANTIC AVE STE 201 DELRAY BEACH, FL 33445 US | | |
| 2. Principal Place of Business - No P.O. Box # 2400 High Ridge Rd. Suite, Apt. #, etc. Suite 102 City & State Boynton Beach, FL Zip 33426 | | | 3. Mailing Address 2400 High Ridge Rd. Suite, Apt. #, etc. Suite 102 City & State Boynton Beach, FL Zip 33426 | | |
| Country USA | | | Country USA | | |
| 6. Name and Address of Current Registered Agent SATTIN, EUGENE N 4205 WEST ATLANTIC AVE STE 201 DELRAY BEACH, FL 33445 | | | 7. Name and Address of New Registered Agent Name Suttin, Eugene N. Street Address (P.O. Box Number is Not Acceptable) 2400 High Ridge Road, Suite 102 City Boynton Beach FL Zip Code 33426 | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPST SUTTIN, EUGENE 4205 WEST ATLANTIC AVE #201 DELRAY BEACH, FL 33445 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2400 High Ridge Road, Suite 102 Boynton Beach, FL 33426 | |
| 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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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. | | | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Eugene N. Suttin Date 4/2/08 Daytime Phone # 561-424-9326 (x2) | | |