FOR PROFIT CORPORATION

FILED May 05, 2003 8:00 am Secretary of State

UNIFORM BUSINESS REPORT (UBR)				05-05-2003 91894 015 ***1 50.00		
1. Entity Nar	IMENT # P95000094 AZALY CORPORATIO					
	DO NOT WRITE	IN THI	SPACE	8011	11535	
Principal Place of Business 4403 VINELAND RD, STE. B		3. Mailing Addre	ss "AND RD, STE. B			
Suite, Apt. #, etc.		Suite, Apt. #.		DO NOT WRITE IN THIS SPACE		
City & State ORLANDO, FL		City & State ORLANDO.	FL 4. FEI Number	59-3349391	Applied For Not Applicable	
Zip 32811	Country USA	Zip 32811	Country USA 5. Certificate of	Fee Fee	. 75 Additional Required	
e erengg e ere Terr Fals	A TO THE RESIDENCE OF THE PARTY	A Second	46 (10)	7. Name and Address of Current Registered Agent		
no alomanime in the			GAZALY, REDWAN	Name GAZALY, REDWAN		
	DO NOT W	and the first of the second	Street Address (P.O. Box Number i	Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE 4403 VINEL				AND RD, SUITE B		
			City ORLANDO,	NDO, FL Zip Code 32811		
SIGNATURE	Signature, typed or printed name of registered agent nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$500.00 Amended UBR is \$61.25	and title of applicatio		DATE on Campaign Financing Fund Contribution.	\$5.00 May Be	
	k Payable to Florida Department o					
10.	OFFICERS AND	DIRECTORS		Control of the contro		
NAME STREET ADDRESS CITY-ST-ZIP	P GAZALY, REDWAN 4403 Vineland Rd, Orlando	o, Fl 32811	THEE AAM STREET ADDRESS CITY ST-ZIP			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D GAZALY, AHMED 4728 Olive Branch Rd, Orl	ando, FI 32811	NAME STREET ADDRESS CITY ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. •	The state of the s	NOT WRITI		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TILE IN NAME STREET, ADDRESS CITY ST-72P	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			TITLE NAME STREET ADDRESS CITY: ST-216			
TITLE				and a second and the		

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, it 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 it 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

407 540 175