


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000065809 1. Entity Name AZARIAS CORPORATION	
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Principal Place of Business 8300 NW 53 STREET SUITE # 308 MIAMI, FL 33166	Mailing Address 8300 NW 53 STREET SUITE # 308 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0723320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORIANO, ISMAEL
 8300 NW 53 STREET
 SUITE # 308
 MIAMI, FL 33166

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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)
Signature, typed or printed name of registered agent and title if applicable

UD00000768951
 07/16/07-80008-005 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SORIANO, ISMAEL
STREET ADDRESS	8300 NW 53 STREET, SUITE #308
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	D
NAME	SORIANO, GISELA
STREET ADDRESS	8300 NW 53 STREET, SUITE #308
CITY - ST - ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Ismael Soriano* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7/6/07 Date (305) 474-3204 Daytime Phone #