## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000084585

FILED Jan 08, 2009 Secretary of State

Entity Nar	ne: AZAR INI	DUSTRIES, INC.			
Current Pi	rincipal Place	of Business:	New Principal Place of Business:	New Principal Place of Business:	
27 EAST 7 JACKSON	TH ST VILLE, FL 322	:06 US	719 EAST UNION ST. JACKSONVILLE, FL 32206 US		
Current M	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
P.O. BOX ( JACKSON	5662 VILLE, FL 322	475662 US			
FEI Number:	59-3438790	FEI Number Applied Fo	or ( ) FEI Number Not Applicable ( ) Certificate of Status	s Desired ( )	
Name and	Address of C	urrent Registered A	gent: Name and Address of New Registered A	Name and Address of New Registered Agent:	
AZAR, RA` 27 EAST 7 JACKSON'		06 US	AZAR, RAYMOND P 719 EAST UNION ST. JACKSONVILLE, FL 32206 US	719 EAST UNION ST.	
The above in the State		submits this statement	t for the purpose of changing its registered office or registered	agent, or both,	
SIGNATURE: RAYMOND AZAR			01/08/2009	)	
Election Can		ic Signature of Regist	•		
	S AND DIREC	-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	
Title: Name: Address: City-St-Zip:		Delete \ E BLVD.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	PRES () AZAR, RAYMOI 3555 SAN JOSI JACKSONVILLE	E BLVD.	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	VPST () AZAR, PHILLIP 3946 GASDEN JACKSONVILLE		Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name:	VP () AZAR, JOHN C 3855 SAN JOSI	Delete	Title: ( ) Change ( ) Addition Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RAYMOND AZAR **PRES** 01/08/2009

JACKSONVILLE, FL 32207

City-St-Zip: